death. Page 4 may be

deoth certificate be executed within 24 hours after

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE CERTIFICATE OF DEATH

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REG NO

| | | CEASED NAME OR PRINT) | OS CAR | DANIEL | KADAN | | 2a DA | 4 | 0 27 | 84 | 4:44AM |
|---|---------------|---|--|---|--|---|---|--|---------------|-----------------------------|-------------------------------------|
| | 3 SEX | MALE | | RACE A CITIZEN OF WHAT COUNTR | 5. DATE OF AMONTH | 19 2 | Ce 9 BAL | 1 IN YEARS LAST BIR | YRS. | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| 6 | de | action of the second | mae | 1. NAME OF HOSPITAL, NUR GBMC-6701 N | WIDOWED | | BA | LT I MOR | E CO | UNTY TIZE KIND O | MD. F BUSINESS ÖR |
| 5 | a | TATE THER'S NAME FIRST | Sales Services | THER INSTITUTION, GIVE RESIDENCE BET Y U32. GITY OR TO | NWN | 13d. INSIDE CITY LIA YES NO | - 19 | Leigh | en. | edge | Rd. |
| 1 | 160 W | VAS DECEASED | EVER IN U.S. ARM | ED FORCES? 166 SOCIAL SE WAR OR DATES) | 2068 | 17 INFORMANT | D. K | don h | \$110 | 219 astr | 93 edge Pd |
| 1 | CERTIFICATION | Conditions, if gove rise to couse 101, underlying | TH WAS CAUSED IMMEDIATE fony, which immediate stating the couse lost. | | OUENCE OF C C IRF | NOT RELATED TO TH | S BACT | AUTOPSY? | DITION GI | | S |
| 1 | MEDICAL CERT | OR CONTRIBUTION IN EITHER, NOTH 21d. INJURY OF WHILE SOW the G obove, (II) 22b. SIGNATUR 77d. PHYSICIAN | NOT WHILE INTO THE CONTROL OF THE CO | P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFR OCT 27 view the body offer death. | 19 (E, FARM, ETC.) (n) OCT. (84.), onc | 211. LOCATION STREET 26 19 that in (my) ou EGREE ATIEN PHYSI 22e ADDRESS | OCCURRED (E) Opinion death of the color of | CITY OR TO CCUTTED ON THE DECENTED OF THE DECENTED ON THE DECENTED OF THE DEC | 27 ote ond ho | COUNTY 19 22c. DATE 10 / | state that 11 we last couses stated |
| | 0 | BURIAL, CREMA | TION, REMOVAL | 10/29/84 | NAME OF CE | GBMC-67 METERY OR CREM | ATORY 23d Ventors 25a DATE RECU | CHAR LE | S ST | Tree T | w Lone |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this sentificate has been signed by the otherwing physical should be detached for use as the burial training permit. Then please remove carbon paper with the State Dept. of Health and Mental House prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The law

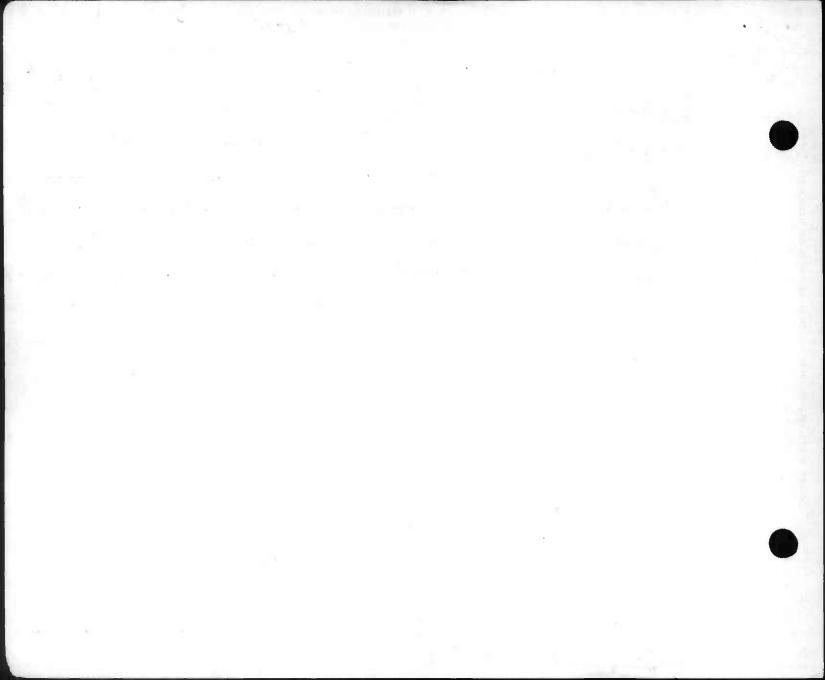
etoined by the hospital or attending physician

a only injury, or other traumatic event.

IMPORTANT: If Item 21 is marked or Item Le Mo

in the cost, and it is the second Mid. Autines - - 1915 tar miles Eli Corar Radon Salvar Hole Land Bill El Market in the record of the special state of the control of the special state of the special stontije silvis. Francisco "121/21 Sylvinia Manaria Inconstructura de Constante

| 1. | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTARTY CERTIFICATE OF DEATH | GIÉNE 2 6 44 | 5 1 |
|-------------|---|--|--|---|--|
| | CEASED NAME OR PRINT) BARBA | RA W. | KANELY | 70. DATE OF DEATH MONTH | 05 84 8:00 M |
| 3 SE | (| RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | # UNDER 1 YEAR # UNDER 24 HRS |
| A 16 | PEMALE | CAUCASIAN | 06 30 14 | 70 YRS | |
| /// co | RTHPLACE (STATE OR FOREIGN) DUNTRY) RYTAND | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CONT | |
| 10 | ROSEDALE | TOO TO CHESA | | 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) HOUSEWIFE | 12b. KIND OF BUSINESS OR INDUSTRY |
| MÀ | | TIM ORE 13t. CITY OR 10. | PALE YES NO E | | ACO AVE. 21237 |
| 20 | JACOB | BAYER | IS MOTHER'S MAIDEN NA FIRST CATHE | RINE | LOTZ |
| | VAS DECEASED EVER IN U.S. ARA res, no or unknown) (if yes, give v | MED FORCES? 166 SOCIAL SEC WAR OR DATES) 212010 | | . KANELY JR. | |
| | 11 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE | y one couse per line for (a), (b), a BY: CAUSE (a) | Cardiac x | Cailiere | BETWEEN ONSET AND DEATH W/WWW. |
| NO. | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DINDITIONS CONTRIBUTING TO | | MINAL DISEASE OR CONDITION G | IVEN IN PART I I o |
| FICA C | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | HOPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \) \(\text{NO} \) |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH E | DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART (OR PART 2) |
| MEDICAL | 21d INJURY OCCURRED WHILE ON WHILE OF AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | FARM, ETC.) 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| n 21 is mo | sow the deceased alive on obove, (1) Liney (did) (did not | 9/20 19 | | to OTOPAS death occurred on the date and ha | |
| £ 4 | 22% SIGNATURE | and Clay, mo | | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/5/84 |
| M PORTANT # | Paul | Chang, mo | 270 ADDRESS 5601 LO | the Raven Blod, B | atto, Med. 21239 |
| 23a B | BURIAL CREMATION, REMOVAL | 1 1-1 | NAME OF CEMETERY OF CREMATORY GRDENS OF FAITH | 23d. LOCATION CITY OF TOWN BALTO | COUNTY STATE BALTO MD |
| 6 20M | INERAL DIRECTIOR | ADDRESS I | 75e. DA | TE REC'D. BY REGISTRAR 256. REGIS | STRAR'S SIGNATURE |



STATE OF MARYLAND

FOR

Pa airlái-i M A Mos Ballo Ballo Savies of Too to a string to the MICHIEL PARISANE STATES The state of the state of state of state of the state of

requires that the death certificate be executed within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

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Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

| 1 | | REGISTRAR | | | REG. NO. | |
|-----|---------------|---|--|-----------------------------------|--|------------------------------------|
| ı | 1. DEC | EASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONT | H DAY YEAR 26 HOUR |
| | (TYPE (| MELVIN | | KEITH | 10/10/84 | 6:30рм |
| ı | 3 SEX | | 4. RACE | 5 DATE OF BIRTH | 6. AGE IN YEARS LAST BIRTHDAY | |
| ı | | Male | Black | ~°87/1871911 ⁶ | | YRS MONTHS DAYS HOURS MIN. |
| 3 | | THPLACE STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED MEVER MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH |
| | | N.C. | U.S.A. | WIDOWED DIVORCED | County | MD. |
| 1 | V a | tonsville | (IF NOT IN SUCHEACHEY, GIVE STREET LEE | | 12a. USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WOR Steel Work | |
| 1 | I3a ST | ATE 13b. COUN | | | 13e.STREET ADDRESS / ZIP | CODE |
| 1 | - | Md. Bal | to. Catons | ville YES ☑ NO□ | 5919 Leew | 21228 |
| d | 14. FA | HER'S NAME | | 15. MOTHER'S MAIDEN NA | ME | 17 5 1 |
| A | | Topert | MIDDLE Keith LAST | VIO 3 | MIDDLE | Keith |
| 1 | | AS DECEASED EVER IN U.S. AR. (S. NO OR UNKNOWN) | MED FORCES? 166 SOCIAL SECT | JRITY NO. 17 INFORMANT | ADDRESS | 11 A Bronx |
| 1 | ''' | No | 246. A- | 7075 HEVINKeit | h Jr 2411 W | 1200 Ave. Ny. |
| ١ | | IS CALLES OF DEATH Server | ly one couse per line for (o), (b), or | | II - mak Dic | APPROXIMATE INTERVAL |
| | | PART I. DEATH WAS CAUSE | D BY | & harris 1 Trales | Heart VIS | BETWEEN ONSET AND DEATH |
| | | IMMEDIAT | E CAUSE (o) HOTTI | STEPOS) ISCUE | MIC - CART | |
| | | | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| - | | Conditions, il ony, which | (16) (Gro! | NC RENAL F | AIZURE | |
| | | gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| | | underlying couse lost. | BOE TO, OK AS A CONSCOO | ENCEOI | | |
| | ŀ | PART 2 OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OF CONDITIO | IN GIVEN IN PART Lie: |
| | z | ART 2 OTTER SIGNAL CAIVI | CONDITIONS CONTINUED IN CONTINU | DEATH OUT TO THE TENT | MINAL DISEASE ON CONDINO | OTTEN AND THE |
| H | CERTIFICATION | 9n DATE OF OPERATION | THE CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. | IF YES, WERE FINDINGS USED |
| | 2 | Ma DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | CERTIFYING CAUSES OF DEATH? |
| | ĒL | | | | YES NO | YES NO |
| | 8 | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH D | | RED (ENTER NATURE OF INJURY IN IT | EM 18 PART T OR PART 2) |
| | ¥ | OR CONTRIBUTING CAUSE OF DEA | ALD. | 19 | | |
| 1 | MEDICAL | 214 INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | | |
| | ME. | WHILE NOT WHILE | TAT HOME STREET, FACTORY, OFFICE, | FARM, ETC) STREET | CITY OR TOWN | COUNTY STATE |
| 1 | | AT WORK | | | | |
| | | | tol) attended the deceased from. | 19 | | , that (I) (we) last |
| | | sow the deceased alive on above, (1) (we) (did) (did no | t) view the body offer death | , and that in (my) (our) opinion | death accurred on the date or | nd hour and from the causes stated |
| | | 22b. SIGNATURE | | DEGREE | | 22c. DATE SIGNED |
| | | 1- and | - / Cuer | MI) ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | |
| | | 224. PHYSICIAN'S NAME ITYPE O | R PRINT) | 22e ADDRESS | | |
| | | PAUL TU | rer ho | 900 CF | TOW Ave A | The Bull KID |
| | 23a BI | JRIAL, CREMATION, REMOVAL | 23b DATE 23c. | NAME OF CEMETERY OR CREMATORY | 236 LOCATION | COUNTY A STATE |
| | 才 | URIS | 10-15-84 | 7Rbu7us | BAITT | Mar. |
| - 1 | | | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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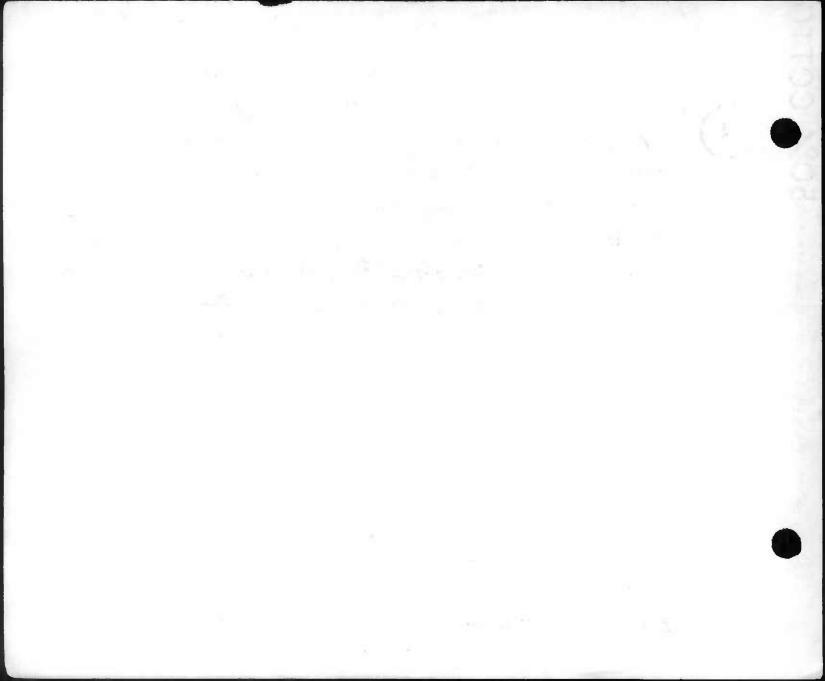
TO FUNERAL DIRECTOR: After the certificate has been signed by the ottending physicion and cashould be detached for use as the barral-transfer permit. Then please remove corbonopopers. Pages with the State Dept. of Health and Memist Hypiens prior to buriol, cremation, or removal.

jury, or other troumotic event, the

PORTANT: If hem 21 is morked as

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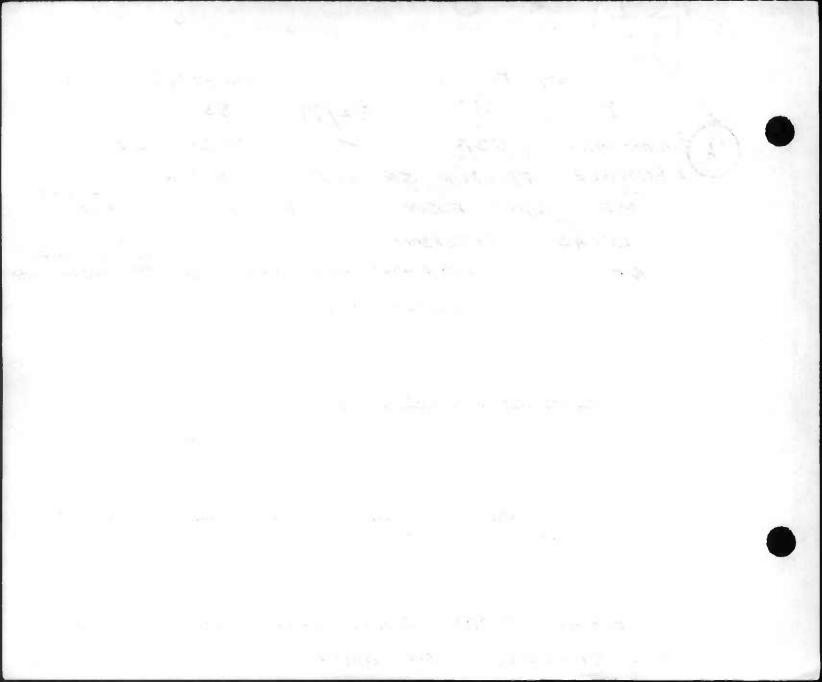
Jason A. Morton & Sons 1701 Laurens St. 0CT 15 184 Julia Saiden Standard



| | 15 | | 1 - | FOR STATE REGISTRAR | | | DEPARTA | NENT OF H | EALTH AND MENT CATE OF DEAT | | ENE 2 C | o. 4 | 2 7 | | | |
|----------------------|--|----|---------------|---|---------------|-----------------------------------|--------------------------------------|-------------------|--------------------------------|------------------|---|-----------------------|-----------------------|----------------------------------|---------------------|-----------------------|
| | | ı | | CEASED NAME | FIRST | ٨ | AIDDLE | 4. | 151 | T | 20 DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR | | |
| be be | death | 1 | | | Mary | Pi | KELLY | | | | October 4 | | | 8:30 P | | |
| ige 4 mc | rs offer | | 3. SE) | F | | RACE V | | 5 DATE C | | rEAR | 6 AGE (IN YEARS LAST BIR | YRS | IF UNDER I YEAR | IF UNDER 24 HRS | | |
| death. Po | | 6 | | RTHPLACE STATE OR FOR OUNTRY) ARY LANGE | | CITIZENOF | WHAT COUNTRY? | MARRIEI WIDOWE | NEVER MARRI | IED 'L | Baltimore city of Baltimor | | | AA | | |
| s after de | | 4 | R | OSSVILLE | | NAME OF H | H FACILITY, GIVE STREET | G HOME C | HOSP. | | 120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF | ON OF WORKING LIFE | 126 KIND O | F BUSINESS O | | |
| 24 haur | must be | 6 | USU/ 13a S | LE RESIDENCE (IF NURSING TATE 13 | HOME OR OT | LTO | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIV | | 130.STREET ADDRESS | ZIP CODE | BUUL | 12-1 | | |
| ed within | and 2 sh | 30 | 14 FA | THER'S NAME FIRST LV CA- | S MID | PE PE | ETERSO. | N | 15. MOTHER'S MAII FIRST | IDEN NAM | | Un | K IAS | л | | |
| be execut | S. Pages 1 | 1 | | VAS DECEASED EVER IN ES, NO OR UNKNOWN) | | D FORCES? (AR OR DATES) | 2 1910 | | 17 INFORMANT BERT | KE | FLLY 62 | SS AR | BAS | ME. | | |
| rtificate | an paper emoval. event, the | | | 18. CAUSE OF DEATH I PART I. DEATH WAS | | one couse per BY: CAUSE (a) | Respirat | ory a | rrest | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH | | |
| deoth ce | nove carb lation, ar r fraumotic | | | | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | | | | |
| es that the de | oy me sse rer C. crem other | | | Conditions, if ony, we gove rise to immed couse (a), stating underlying couse | diate | DUE TO, OF | R AS A CONSEQUE | nce of | | | | | | | | |
| uires 1 | Then plea to burial | | z | PART 2 OTHER SIGNIF | | NDITIONS CO | | _ | | HE TERMIN | NAL DISEASE OR CON | DITION GIVE | N IN PART III | 3 | | |
| ne law requi | nsit permit. The | 2 | 7 | | CERTIFICATION | Se1Z | | | y/cerebra | | Ophy N was performed | D | 20a AUTOPSY? YES NOTE | 206 IF YES, IN CERTIFY YES | WERE FINDING CAUSES | NGS USED OF DEATH? |
| CIAN: The | unof-tronsit tental Hygid tem 18 sho | | | 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU | SE OF DEATH | 21b. TIME O HOUR A. | M MONTH DA | Y YEAR | 21c. HOW INJURY | OCCURRE | ED (ENTER NATURE OF INJU | | | | | |
| JG PHYS | s the bur h and Me | | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | | 21e. PLACE (| OF INJURY EET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION STREET | | OT RO YIL) | WN | COUNTY | STATE | | |
| TTENDIN spital or | for use of Health | | | 270 certify that () (the saw the deceased above, (I) (we) (did | olive on _ | | 19 | Sept. | 29 . 19 d that in (our) | 84 opinion de | , to Oct . 4 | ote and hour | 9-84 and from the | that (we) lo causes stated | | |
| At OR A | defoched ofe Dept | | | 226. SIGNATURE | A | 7 | | | DEGREE ATTEN PHYSI | DING ICIAN | MEDICAL STA | | 22c DATE | SIGNED 14184 | | |
| | shauld be der with the State | | | 22d. PHYSICIAN'S NAM | Buch | all: | | | 22e ADDRESS | ~ K(. | ~ 14-1 | (sp. | | | | |
| BP | = to 3 ≧ = | L | | URIAL, CREMATION, RESPECTIVE BURIA | MOVAL | 236 DATE /8 | | | RED HE | ART | 23d LOCATION CITY OF TOWN BAL | 70. | COUNTY | - / | | |
| | 5 50M 4/B3 15, 4) | | 24 FL | INERAL DIRECTOR | NNK | ELLY | ADDRESS 300 | | NACE | 250. DATE | REC'D. BY REGISTRAR | | widson-V | | | |

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

| C1 | TATE | OF | 88 6 | LDVI | AND | |
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DEPARTMENT OF HEALTH AND MENT AD HYGIENE

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|------|----|---|------|---|---|
| | 2 | 0 | G.P. | - | |

| CALLE S. REPLEN RESOLUTION RESOLUTION RECORD RE |
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| A RACE S. DATE OF BIRTH DAY YEAR WINDER 1 YEAR SUNDER 74 HIS WINDER 1 YEAR WIND |
| TO BIRTHPLACE LITER OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT COUNTRY OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION |
| BIRTHPLACE IT ALL OF OUR AT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH |
| MARRIED NEVER MARRIED DIVEYER |
| WIDOWED DIVORCED WIDOWARD COUNTY MD IT CITY OF TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE NOT IN SUCH FACELITY GROSS STREET ADDRESS) OF THE NOTIFIC STREET ADDRESS OR STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF OF WARD COUNTY OF THE STREET ADDRESS OR CITY OF THE ST |
| TOUTH RESIDENCE IN MICH OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 134. INSIDE CITY LIMITS? 135. STREET ADDRESS / ZIP CODE 21061 4 DREWS 15. MOTHER'S NAME FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 216-16-3031 180. CAUSE OF DEATH (Enter only one couse per line for for), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 170. INFORMANT ADDRESS APPROXIMATE INTERVAL RETWEEN OMSET AND DEATH RETWEEN OMSET AND DEATH |
| THE PROJECT OF THE PR |
| COUNTY HOUSE CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS / ZIP CODE 21061 H. FATHER'S NAME FIRST MIDDLE SELLERS 15. MOTHER'S MAIDEN NAME FIRST HER PT 16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UKNOWN) (IF YES, GIVE WAR OR DATES) 16d. SOCIAL SECURITY NO. 216-16-3031 Howard Kemper 18 CAUSE OF DEATH (Enter only one couse per line for fol, (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 184 APPROXIMATE INTERVAL RETWEEN OASET AND DEATH |
| HEATHER'S NAME HERS HADDLE SELLERS ALBERTA 15. MOTHER'S MAIDEN NAME HERS HADDLE ALBERTA MIDDLE LAST L |
| HERST MIDDLE SELLERS ALBERTA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16 CAUSE OF DEATH IEnter only one couse per line for foil, (b), and ic: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18 CAUSE OF DEATH IEnter only one couse per line for foil, (b), and ic: IMMEDIATE CAUSE (a) 18 CAUSE OF DEATH IENTER ONSET AND DEATH RETWEEN ONSET AND DEATH |
| 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 216 -16 -3031 Howard Kemper Same as # 13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 17 INFORMANT ADDRESS Same as # 13 |
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| 18. CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: |
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| gove rise to immediate couse (a), stating the DUETO, OR AND A CONSEQUENCE OF |
| couse (a), storing rine DUETO, OR AN A CONSEQUENCE OF |
| underlying couse lost. (SECURRENT (ARCIUMA D) ME WARY |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| Adult RESPIRATORY DISTRIPSS SYNDROME KENAL POLLURE. |
| 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| 10-31-84 HODOMINA MOSCESS YES NOW YES NO NO |
| TO CONTRIBUTE CONTRIBUTE OF DEATH HOUR A.M. MONTH DAT TEAR |
| (if EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 |
| COUNTY OCCURRED TO EACH PER AND PER P.M. 19 71d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 71d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 71d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) |
| AT WORK AWORK |
| 22a certify fhot (I) (this hospital) attended the deceased from 19.5 / 10. |
| oboy, (i) (ye) (did) (did not view the body ofter death. |
| 72% SIGNATURE DEGREE ATTENDING MEDICAL STAFF 10 27 0 |
| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIREC |
| DAVID WENRESS (MANGELLAND ST |
| Baltimore, Md. |
| (SPECIFY) Direct of 1 11/F/O/ T. 1. TV: M |
| The state of the s |
| Leroyand. & Russell C. Witzke Funeral Homes P.A. 150 DATE REC'D. BY BEGINNERS REGISTRANCE REPORT REPORT REGISTRANCE REPORT REGISTRANCE REPORT REGISTRANCE REGISTRA |
| 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CHY OF THE STATE O |

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT THE HYGTENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) AULINE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH White Oct. 1902 emale **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWEDXT Baltimore County DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Catonsville Summit Nursing Home Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 1808 Aberdeen Road 21234 130 STATE 13d. INSIDE CITY LIMITS? Baltimore 21234 Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Zajdzinski J. Clara John 0wens ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Sophia M. Mules 3733 Chatham Rd. 212-26-522 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION %. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [] NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 71 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 1818 44 obove, (I) (we) (did) (did not) view the body after death and that in (my) (and) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED 2 HTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Baltimore, Holv Redeemer Burial 24 FUNERAL DIRECTOR

William E. Johnson8521 Loch Raven Blvd. OCT

DHMH - 16 50M 4/83

(VRA 15, 4)

CALL TO STATE OF THE PARTY OF Drabated of Breakful • • • . While the control of the October 12 to September 12 to 15 to explant self-town figures to the term of the content of the conten or a discours vo unito 0 1027 . E. marke (200 Central ... Patronic ... 200 Central ... 200) Condence Particle and the standard of The Marine Elizabeth within the comme 42/21/01 - 142/2/01 40/3/10/ Thirth man 3' some 65 41/81 Sand Marine Marine The same that the same of the

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| | ENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be | |
| | 8 | DE: After this cartificate has been signed by the ottending physicion and completely filled in by the three of dame, page 3 reasons the burnel than please remove carbon pages. Pages 1 and 2 should be filed with a result depth the burnel completely complete. Pages 1 and 2 should be filed with a result of completely the burnel completely completely completely and the completely comple |
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| | ANG | 101 |
| | 35.5 | Series Agrid |
| | ENDING PHYSICIAN, The rol or otherding physicals | DR. After this cartificate has been signed by the ottending physician and completely filled in by the future of the case of the burnel from plante remove corbon papers. Pages 1 and 2 should be filled with a 22 and the burnel elementary of removal. |
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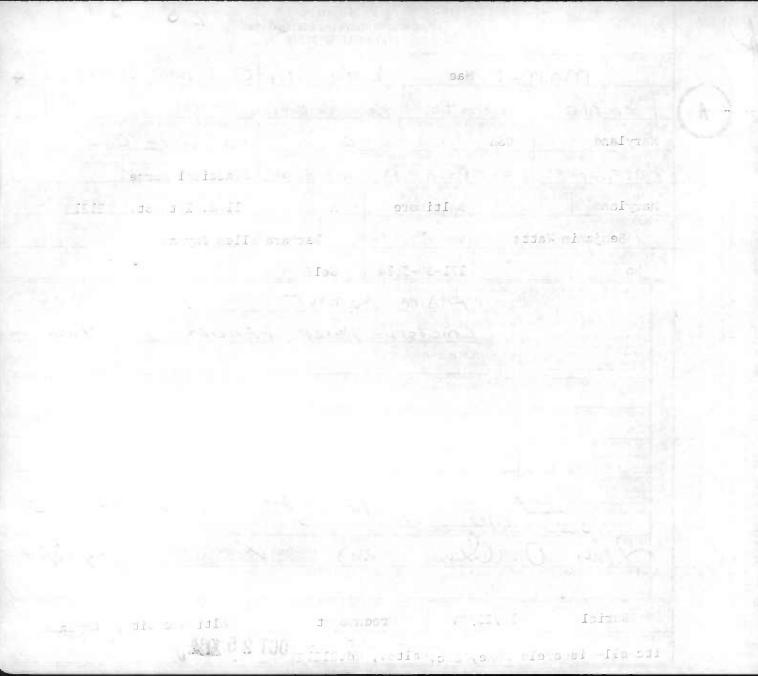
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAPHY GIENE

| -1 | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | O. | | |
|----|---------------|--|----------------------|---------------------------|--------------|---------------------------------|--|------------------|----------------|--|
| 1 | | CEASED NAME FIRST | | MIDDLE | - (| AST | 20 DATE OF DEATH | MONTH DAT | YEAR | 2b. HOUR |
| 1 | (1YPE | OR PRINT) MAL | el | Mae | K | ennedy | Octobe | 16 75 | 1984 | 1230 A |
| J | 3. SEX | | 4, RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR | IF UNDER 24 HRS |
| N | 1 | -emale | wit | rite | 12 | 1 1899 | 84 | YRS. | DATE | THE STATE OF THE S |
| 1 | | CTHPLACE STATE OF FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY O | FDEATH | |
| 1 | M | aryland | USA | | WIDOWE | DIXX DIVORCED | BALTIMO | | OUNT | MD. |
| d | 10. CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT TYPE OF WORK FOR MOST O | | | F BUSINESS OR |
| 1 | 1 | ALTIMORE/ | CAST | Point | | sing Home | Practical | Nurse | | |
| | 13a. S | | OTHER INSTITUTION | 13c. CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | |
| 2 | | aryland | | Baltimor | re | YES 🔀 NO 🗌 | 11 W. 20 | th St. | 2121 | .8 |
| 2 | 14 FA | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | AE MIDDLE | | LAST | |
| 4 | / | Benjamin Wat | | 33. | | | Ellen Tayma | | _ | |
| | 16a W | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | | 17. INFORMANT | ADDR | èSS | | |
| | | NO OR UNKNOWN) (IF YES, GIV | | 171-30-5 | 614 | Self | | | | |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per | line for (a), (b), and | d (C) F | MICE | | | BETWEENO | MATE INTERVAL |
| | | | E CAUSE (a) | H43171 | - / | Miles | | | 15 | MIKE |
| ļ | | | DUE TO, O | R AS A CONSEQUE | NCE OF | HACE G | Anuk | | 4 | MUN. |
| 1 | | Conditions, if any, which gove rise to immediate | (b)_ | CANCES, | PZ | METER IT | MILLINE | | 1 / | 77074 |
| | | cause (a), stating the underlying cause last. | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | |
| | | | (Ic) | | | | | | | |
| | Z | PART 2 OTHER SIGNIFICANT (| LONDITIONS <u>Co</u> | DATKIROLING TO F | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | NIN PARI HO | |
| Я | CERTIFICATION | 198 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20e AUTOPSY? | | WERE FINDIN | |
| | IPIC | | | | | | YES IN NOI | IN CERTIFYII | NG CAUSES | OF DEATH? |
| 1 | CERT | 210. ACCIDENT WAS UNDERLYING | | | | 21c. HOW INJURY OCCURR | | | I I OR PART 2) | |
| | | OR CONTRIBUTING CAUSE OF DEA | 1111 | M. MONTH DA M. | Y YEAR | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION | CHYORIC | | COUNTY | STATE |
| | X | WHILE NOT WHILE AT WORK | (AT HOME ST | REET, FACTORY, OFFICE, F. | ARM ETC 1 | STREET | CHYORIC | , and the second | COUNTY | STATE |
| 1 | | 22s.1 certify that (1) (this harp | | e deceased from_ | 2 | 194 | 10 10/ | 2/ 19 | 04 | that (1) (yun) fast |
| | | saw the deceased alive an above, (I) (wa) (alid) (did no | 10// | ofter death | . 0 | nd that in (my) (eur) apinion o | death accurred on the d | ate and hour c | and from the o | couses stated |
| ١ | | 226. SIGNATURE |) () | 7 | | DEGREE | / | | 22c. DATE | SIGNED |
| | | X My |) . W | Sch | 1 | ATTENDING PHYSICIAN | MEDICAL STA | | 10/ | 22/14 |
| ī | 4 | 271 PHYSICIAN'S NAME (TYPE O | OR PRINT) | | | 22e. ADDRESS | | | | |
| | | | | | | | | | | |
| | 23e. B | URIAL, CREMATION, REMOVAL | | | IAME OF C | EMETERY OR CREMATORY | 234 LOCATION | | 101454 | |
| | (| SPECKYBurial | 10/23 | /84 | Gree | enmount | Baltimor | | Mary | land. |
| | 24. FU | INERAL DIRECTOR | | ADDRESS | | 250 PAT | | 256 REGISTRA | | Real Control |
| | St | ewart & Mowen (| Co.,108 | | Ave. | 21201 | 4.4. | | | , |

DHMH - 16 50M 4/83 (VRA 15, 4)

Stewart & Mowen Co.,108 W. North Ave. 21201



the funeral director, page 3 d with a 72 hours after death

and campletely

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remave carbon popers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If hem 21 is marked or them 18 shows any injury, or other traumotic event, the pedicion

may be

within 24 hours ofter

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENCAL HYGIENE CERTIFICATE OF DEATH

| 1 | FOR STATE REGISTRAR | DEP | ARTMENT OF HI CERTIFI | EALTH AND MENCAL HYG ICATE OF DEATH | REG. NO. | | |
|---|--|---|---|--|---|-------------------------|---------------------------------------|
| ł | I. DECEASED NAME FIRST | MIDDLE | LA | AST | 20 DATE OF DEATH MONI | H DAY YEAR | 2b HOUR |
| Ì | (TYPE OR PRINT) ROSEN | 17 | KIL | 20 | 10 | 19 84 | 1524 M |
| 1 | 3 SEX | 4. RACE | 5. DATE O | | 6 AGE (IN YEARS LAST BIRTHDAY) | | |
| 1 | | D11- | MONTH | 24 1910 | 73 | | HOURS MIN. |
| J | To. BIRTHPLACE (STATE OR FOREIGN | Black /b CITIZEN OF WHAT COUN | TRY2 8 | 29 /7/0 | 9. BALTIMORE CITY OR CO | UNITY OF DEATH | |
| 4 | COUNTRY) | | MARRIED | NEVER MARRIED | - Health - He - He - | | |
| 1 | Maryland | USA | WIDOWE | | Baltimo | | |
| | Randallstown | 11. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE Balto. Co | STREET ADDRESS) | Seneral | TYPE OF WORK FOR MOST OF WOR | | OF BUSINESS OR |
| 7 | USUAL RESIDENCE (IF NURSING HOME O 130. STATE 138. COU | | BEFORE ADMISSION) TOWN LTO | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / ZIP 4021 Boarn | code nan Ave, | 21215 |
| 1 | FATHER'S NAME FIRST Joseph | MIDDLE LAS | Hall | 15 MOTHER'S MAIDEN NA Matilo | AIDDLE | Ma th | thews |
| 4 | 166 WAS DECEASED EVER IN U.S. AI | | SECURITY NO. | 17 INFORMANT | ADDRESS | | |
| 1 | | OF WAR OR DATES | - 14- 578 | 5 Anne Coo | ok 4021 Boar | | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A COMS (b) DUE TO, OR AS A COMS (c) | SEQUENCE OF SEQUENCE OF SEQUENCE OF | asystoi us veni asieulas | deciden | <i>T</i> | KWATE INTERVAL ONSET AND DEATH |
| 1 | PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [| 196 CONDITION FOR W | 20a AUTOPSY? 20b | IF YES, WERE FINDI | INGS USED | | |
| | I F | | | | YES NO | CERTIFYING CAUSES YES | NO [|
| 1 | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | 21¢ HÓW INJURY OCCUR | RED (ENTER NATURE OF INJOY IN IT | EM 18 PART 1 OR PART 7) | |
| | GETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O | FFICE, FARM, ETC.) | ZII LOCATION STREET | CITY OF TOWN | COUNTY | STATE |
| | 220.1 certify that (1) (this hasp saw the deceased alive a | | | nd that in (my) (our) opinion | death occurred on the date as | | that (I) (we) last e couses stated |
| _ | THE SIGNATURE FRENHYSCIAN Y DAME IN | O Lygg. |) | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | () DATE | 19/84 |
| | HAFEEZ | SYEI |) | BALTIMOR | E COUNTY | GEN | MOSP. |
| | 230 BURIAL, CREMATION, REMOVA | L 23b. DATE | 23c NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| | Burial | 10/25/8 | Mars | land Nation | | | Md. |
| | 24 FUNERAL DIRECTOR | | | | TE REC'D. BY REGISTRAR 256. F | | |
| | NAME | Europa I Hom | | E North X | RAPT O O TOOM | 20. 200 | S |
| - | Wm.C. March | runeral Hom | e TIUI | E. MOT dil W | 7 | Riva Dane | A 135 1 10 |

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME SOON 10-6 AGE (IN YEARS LAST BIRTHDAY)

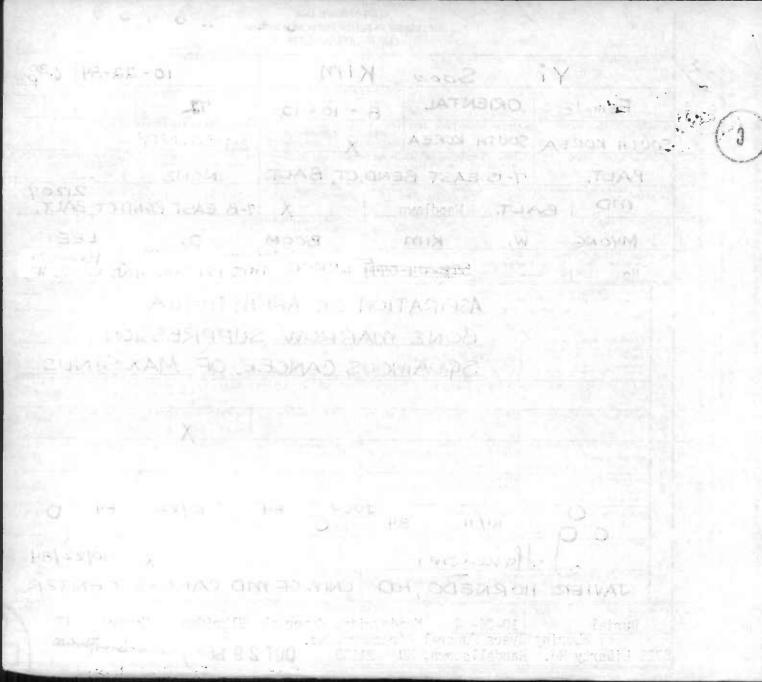
2b HOUR 22-IE UNDER I YEAR 3. SEX ORIENTAL Female 10 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR EOREIGN MARRIED | NEVER MARRIED | COUNTRY SOUTH KOREA Baltimore County 12b. KIND OF BUSINESS OR INDUSTRY BALT. BEND.CT. NONS USUAL RESIDENCE LIE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13d. INSIDE CITY LIMITS? Wood lawn 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LEE 0. MYONG BOOM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Baltimore, (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Mr. Pong Sam Sin 7B East Bend Ct. No none 18 CAUSE OF DEATH (Enter only one couse per line (et 10), (b), and (c),) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 9a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hem 18 show 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER, NOTIEY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 10/22 270.1 certify that (1) this hospital) attended the deceased from saw the decear alive on above (III) we and (did not) view the body after death. and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ld b UNIV, OF MD CANCER CENTER JAVIER HORNEDO 23a. BURIAL, CREMATION, REMOVAL Burial 10-24-84 Meadowridge Memorial Elkridge MD Howard 24. FUNERAL DIRECTOR LOTING Byers Funeral Directors. Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SK

Davidson

DHMH - 16 50M 4/83 (VRA 15, 4)

8728 Liberty Rd.

Randallstown, MD



| I. DI | ECEASED NAME 11/02/4582 | t IJa | WIDDLE | | | LAST | | | ATE KNOWN OF ESTI- | | DAY YEAR | 26 HOUR |
|-----------------|--|---|-----------------|------------------|-----------------|---|--------------|------------------------|-----------------------|-------------------|---------------------|------------|
| 3. SE | James X I4.RACE | 5. DATE OF BIRTH | A. | 6. AGE (IN YE | Ki ARS IF UN | mcel | IF UNDER | | ATH MATED | □ 10/: | 23/84 DAY YEAR | 24 HOLE |
| Ma | ale White | 7 16 | year 59 | 25 Y | AY) MONT | | HOURS | MIN. PRON | OUNCED DEAD | 10/2 | 3/8419 | 3:50 A |
| | IRTHPLACE (STATE OR OREIGN COUNTRY) | 76. CITIZEN OF W | | | 10 | IED NEV | ER MARRI | ED X 1.BA | LTIMORE CIT | | TY OF DEATH | |
| Ma | aryland | U.S.A. | | | WIDOW | /ED 🗆 | DIVORCE | D D | altimo | | | MD |
| | ITY OR TOWN OF DEATH Dundalk | 11. NAME OF HOS | OCK HO | olabir | d Ave | | ION | FOR MOST O | WORKING LIFE | | OR INDUST 1to. C | RY |
| USU 13a M | AL RESIDENCE (IF IN NURSING HOME STATE Aryland Bal | or other institution, G NTY timore | 13c CITY Dur | OR TOWN | ON) | 13d INSIDE CIT | TY LIMITS? | 13e STREET A | DDRESS Way | | 21222 | |
| | ATHER'S NAME | MIDDLE | | LAST | | IS. MOTHE | R'S MAIDE | | WIDDIE | | LAST | |
| | ames | | | nbel | | Reg. | ina | | M. | | Trentl | er |
| - (| | RMED FORCES? (E WAR OR DATES) | | CIAL SECURIT | | 17 INFORM | | | ADDR | | 1.0 | |
| No | | -1 | |)-72-4 | 31/ | Jame | es K | imbel | | Same_ | as 13 | e INTERVAL |
| | 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS | only one cause per line ED BY: ATE CAUSE (a) IN | | | Smok | e & 90 | oot | | | | BETWEEN ONSE | |
| 7 | 8912 IMMEDI | | | SEQUENCE | | | | | | | | |
| | Canditions, if any, which | | | | | | | | | | | |
| | cause (a) stating the <u>unde</u> lying cause lost. | | AS A CON | NSEQUENCE | OF | | | | | | | |
| | | (c) | | | | | | | | | | |
| z | PART 2 OTHER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH | BUT NOT REL | ATEO TO THE TERM | NINAL DISEAS | E OR CONDITION | GIVEN IN PAG | T 1 (a) | | | | |
| IN | 19a DATE OF OPERATION | TIPE CONDI | TION FOR | WHICH OPE | ATION W | AS PERFORA | MED? | | | | 20 AUTOPSY | 2 |
| IFIC. | 105 | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | YES (X) | NO 🗆 |
| CERTIFICATION | 218 EXTERNAL CAUSE WAS | 216 TIME O | | Day VE: | 21c Ho | OW INJURY | OCCURRE | D (ENTER NATURE | OF INJURY IN ITEA | A 18 PART I OR PA | | 110 [] |
| | UNDERLYING OR CONTRIBUTING CAUSE OF | HOUR AND 1:30P.A | 10/ | 198 | | bject | in f | ire (fi | reman) | | | |
| MEDICAL | 214 INTURY OCCUPPED | 21e PLACE | OF INJURY | (AT HOME, | 211 LO | CATION | | | OR TOWN | co | UNTY | STATE |
| ~ | WHILE AT WORK | bld | | | | | ck Ho | labird | | | k, Balto | |
| | 22a I certify that I took cha | rge of the remains de | scribed ob | ove, held an | Autop | sy X. | Inspection | . Inc | July . | ond in my or | oinion | ivia. |
| | death resulted from: Nat | ural couses . | Accident | X, s | iicide | , Hamici | ide . | Undetermin | ed manner |], | | |
| | ACTUAL | Che a | | | | TITLE (SF | | | | DATE | 20.400 | 101 |
| | SIGNATURE | 4141 | | | M | D. ASS | ıstan | MEDICAL I | XAMINER | SIGNE | 10/23 | 3/84 |
| | EXAMINER'S NAME (TYPE OR PRINT) Gre | gory R. K | auffm | an. M. | D | ADDRESS | 11 | l Penn | St. | | | |
| 23a.1 | BURIAL, CREMATION, REMOVAL | | 1 | NAME OF CE | | | RY | 23d LOCATI | /N | COU | | TATE |
| Bı | rial | 10/26/84 | | ulane | y Va | | 16- 0 | Timon REC'D. BY REG | ium B | | | D |
| 4 | FUNERAL DIRECTOR Duda- | RUCK, IT | C. | | | | | | 0 . | | | |
| 70 | 922 Wise Aven | Diam | dall | , MD. | 212 | 22 (11 | TOT | 9 1984 | Ja No | vidson-A | and alle | 1 |

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT WHY GIENE CERTIFICATE OF DEATH

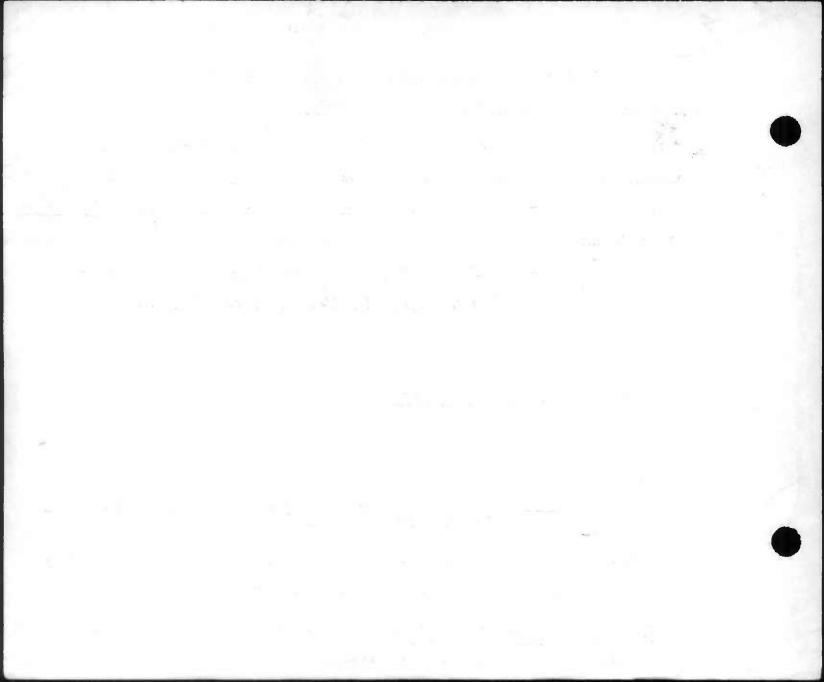
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| | 1 - | REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. N | 0. | | | |
|-----|---------------|---|---|---|------------|-----------------------------|---------------------|-------------------------|-----------------|------------------------------|----------------------------------|-----|
| 1 | | CEASED NAME FIRST | | MIDDLE | i. | AST | 2a DATE | | | DAY YEAR | 26 HOUR 7 | |
| ı | TITPE | Elizabet | :h | Kimmerl | ein | | | 27-8 | | | 6:15 ^A | M |
| | 3. SEX | (| 4 RACE | | 5. DATE C | | 6 AGE (II | N YEARS LAST BIR | | IF UNDER TYEAR | IF UNDER 24 HRS HOURS MIN. | |
| . 1 | Fe | male | Caucas | ian | 12- | -21-1897 | 3 | 36 | YRS | | | |
| 4 | | RTHPLACE STATE OR FOREIGN | 75 CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | NEVER MARRIED | 9. BALTIM | ORE CITY O | R COUNTY | OF DEATH | | |
| 7 | Md | | | SA | WIDOWE | DEX DIVORCED | □ Ba | | | ounty | M | _ |
| | 10 CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN THE FACILITY, GIVE STREET | | OR OTHER INSTITUTION | | L OCCUPATION FOR MOST C | | 126. KIND O | F BUSINESS OF | R t |
| | | ltimore / | Vall | ey Nurs | ing F | Iome | Wrap | per | | Stewa | art's | Dep |
| 5 | 130 S Md | AL RESIDENCE (IF NURSING - AE O TATE - OU | | 13c. CITY OR TOW Balto | | 13d. INSIDE CITY LIMITS | | ADDRESS A | | | ore 212 | 24 |
| 2 | 14. FA | THER'S NAME | WIDDIE | LAST | | 15. MOTHER'S MAIDEN | | MIDDLE | | LAS | | A-1 |
| | Jo | hn Snack | MIDDLE | LASI | | Annie De | easle | MIDDLE | | (A3 | 1 | |
| 7 | | VAS DECEASED EVER IN U.S. AI | RMED FORCES? | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | | ADDRE | SS | | | _ |
| 4 | no | | - OR DATES) | 218-22- | 8755 | Margaret | Miste | er sa | ame a | ddress | 5 | _ |
| | | 18 CAUSE OF DEATH (Enter o | nly one cause per | lye for (o), (b), on | dicii | . ^ | | | 9 | BETWEEN | MATE INTERVAL DNSET AND DEATH | = |
| | | PART I. DEATH WAS CAUS | ED BY: TE CAUSE (o) | arterio | selevi | the Com | orarte | 3 de | sear | L | | _ |
| | | | DUE TO, O | R AS A CONSEOU | ENCE OF | | | / | | | | |
| | | Conditions, if ony, which | ((b) | | | | | | | | | _ |
| | | gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | underlying couse last | ((c)_ | | | | | | | | | |
| | 7 | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE 1 | TERMIN AL DISEA | ASE OR CON | DITION GIV | EN IN PART III | | |
| 4 | CERTIFICATION | A | ency | dement | ru | | | | Lan Is MES | 11/505 50 10 4 | | _ |
| 1 | FICA | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | TOP5Y? | IN CERTIF | , WERE FINDIN YING CAUSES | OF DEATH? | |
| | RTII | at ACCIDENT WAS UNDERLYING | 7 216, TIME C | SE INTITION | | Tal. How hilling oc | YES [| | | S [] | NO 🗌 | |
| , | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE | 110110 1 | M. MONTH D | AY YEAR | 21c. HOW INJURY OC | CURRED (ENTER | NATURE OF INJU | RY IN ITEM IB P | ART 1 OR PART 2) | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | R) P. | M. | 19 | 21f. LOCATION | | | | | | _ |
| | MEC | WHILE NOT WHILE | (AT HOME ST | REET FACTORY OFFICE F | ARM, ETC.) | STREET | | CITY OR TO | WN | COUNTY | STATE | |
| | | AT WORK | | | | 6 | 82- | 100 | . 2 7 | 10 VU | | _ |
| | | 22a. I certify that (I) (this hosp sow the deceased alive or | // | - 23 10 | 84 0 | nd that in (my) (one) opin | nion death occur | red on the d | nte and hou | - 1 | that (It (was) las | 51 |
| | | obove, (I) (we) (did n 22b. SIGNATURE | ot) view the body | olter deoth. | 7 | DEGREE | morr de o m occor | rea on me a | 010 01100 | 22c. DATE | | _ |
| | | Men | 1 10 | 0. | 1. | | MEDICA M DIRECTO | L STA | FF | / DAIC | G Gul | |
| | | 22d PHYSICIAN'S NAME (TYPE | OR BOOKITY | valeur | u, | PHYSICIA 122e ADDRESS | N DIRECTO | R PHYSK | IAN [] | 10-5 | 7-84 | _ |
| | | Dr. Mari | | alewski | | 8604 Ha | rford I | Road | | | | |
| | | SPECIFY) | 23h DATE | 23(1 | NAME OF C | EMETERY OR CREMATO | | CATION | | COUNTY | STATE | = |
| | | rial | 10-2 | 9-84 H | oly F | Redeemer C | Cemeter | у Ва | alto. | , Md. | | |
| | | Himunek Fune | | me, Inc | | 250 | DATE REC'D. BY | REGISTRAR | | | | _ |
| | 33 | 31 Brehms La | ne, Ba | lto., M | d. 2 | 21213 | 0130 | 1094 | 12.1 | inden To | nd. 99 | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pagel with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the



mpletely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours after death

death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1. | FOR STATE REGISTRAR | | | DEPART | MENT OF H | EALTH AND | MENTALHYG DEATH | HENE . | REG. NO |) ~ 3 | 0 4 | | |
|-----------|--|----------------|--|-------------------------------------|------------|-----------------------------------|------------------------------------|-------------------------------|--------------------------------------|------------------|-------------------|---|------------------|
| | CEASED NAME | FIRST | ٨ | AIDDLE | ł | AST | | 20 DATE C | | | DAY YEAR | 26 HOU | R |
| (iiirg | | ohn | Patrick Ki | | | ng. Sr | | OCTOBER 20 1984 | | | 34 | IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| 3. SE | Х | 4 R/ | ACE | | 5. DATE C | 5. DATE OF BIRTH | | | 6. AGE (IN YEARS LAST BIRTHDAY) IF | | | | |
| M | ale | | White | | MONTH 8 | 15 | 1926 | 58 | | YRS. | | HQURS | MIN |
| | IRTHPLACE (STATE OR FO | REIGN 7b. C | ITIZEN OF | WHAT COUNTRY? | 8. | MARRIED NEVER MARRIED | | | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| | aryland | | U.S.A. WIDOW 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hos ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | | | WIDOWED DIVORCED | | | TIMORE | COOL | VTY | | MD |
| 10 C | ITY OR TOWN OF DEAT | | | | | (5) | | | OCCUPATION FOR MOST OF | | 12b. KIND C | F BUSINE | SS OR |
| | ossville | 1 | | | | | | | lwrigh | | | . Ste | eel |
| | | G HOME OR OTHE | | | | 134. INSIDE (| CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE | | | | | |
| M | aryland | | | | | YES 🗌 | NO 🔀 | 3403 Wallford Drive 21 | | | 2122 | 22 | |
| 14. F/ | ATHER'S NAME | MIDDI | AIDDLE LAST | | | 15 MOTHER | S MAIDEN NA | ME | MIDDLE | 200 | LAST | | |
| | Henry | | | King | | Ma | rgaret | | 4 20 | | Gorman | | |
| | WAS DECEASED EVER IN | U.S. ARMED | | 166. SOCIAL SECT | URITY NO. | 17 INFORM | ANT | | ADDRE | SS 340: | 3 Wallf | ord I | Driv |
| | es | WW I | | | | Lorraine R. King Baltimore, MD 21 | | | | | 2122 | | |
| IFICATION | gove rise to imme couse (a), stating underlying couse PART 2 OTHER SIGN | the last | (e) DITIONS <u>CC</u> | | DEATH BUT | | | | | | | IN IN PART 110 WERE FINDINGS USED ING CAUSES OF DEATH? | |
| CERTIF | | | | | | 101 1101111 | | YES 🗌 | NO[X | | ES 🗌 | NO [| |
| | OR CONTRIBUTING CA | USE OF DEATH | 21b. TIME O HOUR A. | M. MONTH D | AY YEAR | ZIL HOW II | NJURY OCCUR | RED (ENTER N | ATURE OF INJUR | Y IN ITEM 18 | PART I OR PART 2) | | |
| MEDICAL | 216. INJURY OCCURRI | D | 21e. PLACE | | | 211 LOCAT | ION | | CITY OF TO | WN | COUNTY | 5 | TATE |
| | 27a.1 certify that (X) saw the deceased above, (X)(we) Jeli | this hospital) | ottended the | e deceased from R 20 19 after death | 84 . 0 | nd that in Xy | , 19 84 r) (our) opinion | death accur | TOBER ed on the do | 20 te and hou | ur and Iram the | couses sto | we) lost oted |
| | 226 SIGNATURE | Die | Me | ull | | | ATTENDING PHYSICIAN [| MEDICAI DIRECTO | STAF | F IAN 💢 | 22c. DATE | SIGNED | |
| | 224 PHÝSICIAN'S NA | | | | | 27e ADDRE | | | | ***** | 01007 | | |
| 22 | Dr. W. | | | | NIAME OF C | | FRANKL | IN SQU | | LIVE | 21237 | | |
| | BURIAL, CREMATION, R (SPECIFY) Burial | | 36. DATE 10/23 | | | | CREMATORY | cr | TY OR TOWN | h Sc | COUNTY huylkil | | A |
| | | | 20/4 | 7,0-1 171 | uit | WC TO11 | | Y DILCI | · wasauda | | | | 3/1 |

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1

retained by the haspital ar attending physician.

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

-39 (2014) - 1 (1014) - 1 (1014) - 1 (1014)

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STATE OF MARYLAND

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 | T A TITE |
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| | MO20-5 |
| | NICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUI SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM RM. 3, RETAIN PAGE 5, AND 3 TO THE FUI BEATA UNIFECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1, AND 25 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1, AND 25 SHOULD BEFILED. PERMIT. WITH PHESTA RE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION DE WORLD RECEIVED. ON WARMANDAND \$120 FRIOR TO BURIAL CREMATION, OR REMOVAL. |
| | DEP WAR |
| | 7 W _ = W O |

| 16 | 1- | FOR * STATE REGISTRAR | MEDI | PARTMENT OF HEALT CAL EXAMINER'S | 0 | DEATH REG. NO. | 6 4 | | | | |
|--|---------------------|--|---|---|-------------------------|---|-----------------------|--|--|--|--|
| 202 | | CEASED NAME FIRST E OR PRINT) JOSE PH | | KNAPP 3 | JR. | 20. DATE KNOWN DAG OF ESTI- DEATH MATED | Oby 2719 84 A | | | | |
| ERY, PLEAD DIRECTOR OUT, FILE ON STREET | | Male White | DATE OF BIRTH Aug. 17, 18 | 199 85 YRS. | NDER 1 YR. IF UNDER 2 | MIN PRONOUNCED CLOS | bo/27 1984 140 | | | | |
| UNERAL UNERAL FOR Y WITHIN | M | RTHPLACE (STATE OR REIGN COUNTRY) aryland | U.S.A. | WIDO | RIED XX NEVER MARRIE | Baltimore | County | | | | |
| PAGE PAGE | Т | TY OR TOWN OF DEATH OWSON | Multi Me | AL, NURSING HOME, OR OT LY, GIVE STREET ADDRESS) Edical Nursing | HER INSTITUTION Home | 12a. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE) Attorney | OR INDUSTRY Corporate | | | | |
| ANY DE AND 3 THE | USUA 130 S Ma | RESIDENCE (IF IN MURSING I ME OF TATE TYLAND | OR OTHER INSTITUTION, GIVE R | esidence before admission) 3. CITY OR TOWN Baltimore | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 2926 Wyman Park | way 21211 | | | | |
| EATH. IF | | THER'S NAME Joseph Sw | inney I | Knapp Sr. | 15. MOTHER'S MAIDEN | Agnes | Walsh | | | | |
| AFTER DE PAGE H FORM AGES A AG | 16a. V (Y | VAS DECEASED EVER IN U.S. AR ES. NO. OR UNKNOWN) (IF YES GIVE Yes WWI | 12371 G G G G L L L L L L L L L L L L L L L | 66. SOCIAL SECURITY NO. 212-09-2578 | Mr. J.S.Kn | appIII2301 Raveny | view Rd. 21093 | | | | |
| ORDS, 201 W. PRESTON E EXECUTED WITHIN 24 I DING" IN PENCIL IN ITE DICAL EXAMINER ALCH TA BURIAL - IRANSIT PER TH AND MENIAL HYGIE EMATION, OR REMOVA | No | Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF UNIT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a) | | | | | | | | | |
| ON OF VITAL RECO | AL CERTIFICATION | 190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING LOW CONTRIBUTING CAUSE OF | STA TIME OF A | ULRY YEAR TIC. | enning | CENTER NATURE OF INJURY IN ITEM 18 PART 1 | 20 AUTOPSY? YES NO | | | | |
| PIVISIO WRITING WARDED T AGG 3 SH AGG 3 SH TOO FRIG | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | THE PLACE OF | HABORY (ATHOMA, 711.0 | 2926 Wa | man Bake | Battalely/18 | | | | |
| L EXAMINER: 1 LE CERTIFICATE, OULD BE FORW LI DIRECTOF, H. WITH THEST MARMONDO | 1 | | HILL (SPECIFY) | | | | | | | | |
| MEDICAL ECUTE THE GE 4 SHO FUNERAL LTIMOREAL | | EXAMINER'S NAME Char | cles F. O'Do | onnell | ADDRESS 7501 | York Road 21204 | | | | | |
| BP | (| urial, cremation, removal SPECIFY) Burial | 236. DATE 10-30-84 | Woodlawn | | Voodlawn Bal | timoreMaryland | | | | |
| DHMH - 17 (VR A15 ME (5)) 20M 4/82 | | uneral director NAME itchell-Wiedefe | eld Home 65 | 00 York Road | 0.0 | ec'd by registrar 256 registra 9 1984 in Davido | AR'S SIGNATURE | | | | |

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR KNOLL LOTTIE (Sarah) 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTY 0-26-1896 AR White 88 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto. M. BALTO. COUNTY DIVORCED WIDOWED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER 12h, KIND OF BUSINESS OR Ivy Hall Nursing Home Factory Petired Middle RIVER Gordon & Box OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Factory COUNTY 13d. INSIDE CITY LIMITS? Oliver St. -21217 YES KI 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Bougourd lizabeth Mr. Daniel E. Bougourd 3418 E. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Lombard St. (YES, NO DR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for 10) 10, and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ON CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from. saw the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22b. SIGNATUR be deto MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should be with the S

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING

23d. LOCATION

MEDICAL

MCZ, PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE

22c DATE SIGNED

DHMH-16 30M 2/B0 (VRA 15, 4)

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X

John Miller Inc-6415 Belavis Road-21206

23b. DATE

above, (1) (Ne) (did) (did not) view the body ofter death

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| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Paretoined by the hospital or attending physician. |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and complete. Illing should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 — Illid with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

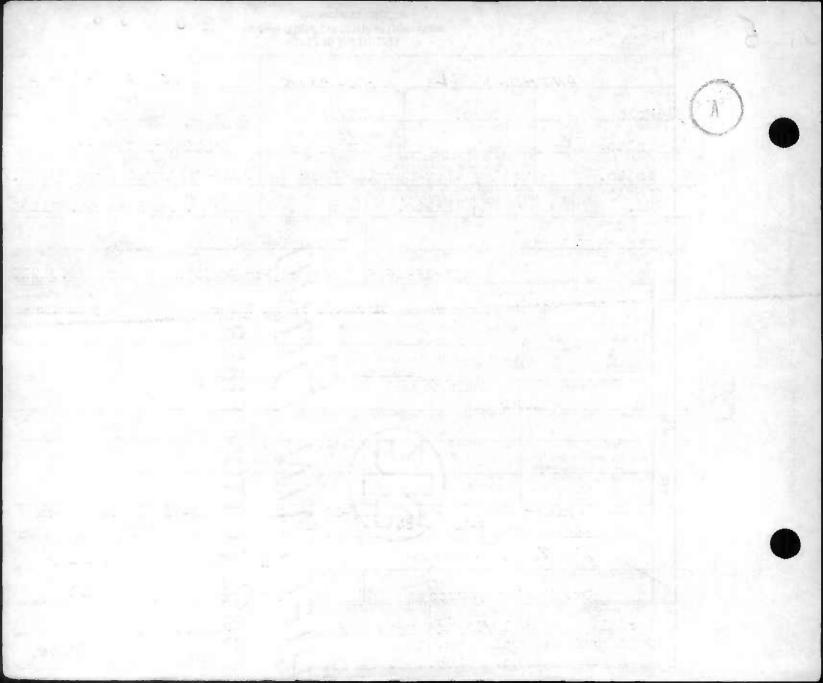
IMPORTANT: If Hem 21 is marked or them 8 shaws any injury, or other troumatic event, the medical evention.

BP. DHMH - 16 50M 1/B1 (VRA 15, 4) FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| - STATE REGISTRAR | | | CERTII | ICATE OF DE | ATH | | REG. NO. | | | |
|--|-------------------------------|------------------------|---------------|------------------|---------------|------------------|-----------------|--------------------|-------------------|-----------------------------------|
| 1 DECEASED NAME FIR | ST | MIDDLE | | LAST | | 20 DATE OF E | | NTH DAY | YEAR | 2b HOUR |
| A . | THONY | L. | 1 | LALAR | IK | | 10 | 7 8 | 84 | 4 AM |
| 3. SEX | 4 RACE | | 5. DATE | | | 6 AGE (IN YEA | ARS LAST BIRTHD | | JNDER 1 YEAR | IF UNDER 24 HRS |
| Male | Can | ıc. | MONT 8 | 19/91 | YEAR | 93 | | YRS | THS DATS | HOURS MIN. |
| BIRTHPLACE (STATE OR FOREIG | | WHAT COUNTRY | ? 8. | | | 9 BALTIMOR | E CITY OR | - | DEATH | |
| Balto. Md | USA | 4 | WIDOW | D NEVER MAI | RCED | Ba l | Ltimo | ro Co | 11n+11 | , ,,,, |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSI | ING HOME | OR OTHER INSTITU | | 120 USUAL O | CCUPATION | TE CC | 12b. KIND C | MD. OF BUSINESS OR |
| Balto. | Valley | View | Nursi | ng Home | 2 | Self- | - F.mp | orking life | Grac | eryBus |
| JOUAL RESIDENCE (IF NURSING H | OME OR OTHER INSTITUTION | GIVE RESIDENCE BEFO | RE ADMISSION) | | | | | | | |
| Md. | COUNTY | Balte | 0. | YES X N | LIMITS? | 2820 | E. M | adisc | on St | . 21205 |
| 14. FATHER'S NAME | WIDDIE | LAST | | 15. MOTHER'S M | AIDEN NA | ME | MIDDLE | | | |
| Joseph Kol | | t A 31 | | Kathe | rine | Cibul | | | 1 AS | AT . |
| 160 WAS DECEASED EVER IN U | S. ARMED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | | ADDRESS | | | |
| (YES, NO OR UNKNOWN) (IF | res, GIVE WAR OR DATES) | 218-26 | -2686 | Dolor | es F | rank.6 | 302 | Tramo | re R | d. 2121 |
| | ter only one couse pe | | | | | z dini / c | | Z Z Cerric | | IMATE INTERVAL ONSET AND DEATH |
| 18 CAUSE OF DEATH (Er PART I. DEATH WAS C | AUSEĎ BY: EDIATE CAUSE (o) | | Cin | rhosis c | f the | linen | | | | nonths |
| 154/14 | | | | THUBLE | i Little | - IIVEI | | | | ROHLES |
| Conditions, if ony, whi | | r as a consequ | JENCE OF | | | | | | | |
| gove rise to immedia couse (o), storing t | te | | | | - | | | | | |
| | st. DUE TO, O | R AS A CONSEQU | | | | | | | | |
| PART 2. OTHER SIGNIFIC | ANT CONDITIONS C | | eukemi | | THE TEDA | AINI AL DICE ACE | OR CONDIT | ON CIVEN | (N.I. D.A.D.T. 1. | |
| NO NO | ACCIM | 0.4141001114010 | DETTIN DOT | NOT KEENIED TO | THE TERM | TINAL DISEASE | OK CONDII | ION GIVEN | IN PART III | 5 |
| 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYN | 196. COND | ITION FOR WHICH | H OPERATIO | N WAS PERFORM | ED | 20g AUTOP | | Db. IF YES, W | ERE FINDIN | VGS USED |
| 필 | | | | | | YES 🗆 | NOU II | CERTIFYIN YES [| | OF DEATH? |
| 21g. ACCIDENT WAS UNDERLYED | | | | 21c. HOW INJUR | RY OCCUR | | _ | _ | _ | |
| | OF DEATH | M. MONTH D | | | | | | | | |
| (IF EITHER NOTIFY MEDICAL EX | 21e, PLACE | M. OF INJURY | 19 | 211. LOCATION | _ | | | | | |
| X WHILE NOT WHILE [| LAT MOME ST. | REET, FACTORY, OFFICE. | FARM, ETC) | STREET | | | CITY OR TOWN | | COUNTY | STATE |
| 229.1 certify that (I) MIX | | | | 5-12 | 1980 | | 0.06 | | 01. | 0.04 |
| sow the deceosed oli obove, (I) (versitie) (c | | | 0.1 | nd that in (my) | | death occurred | on the date | and hour or | | that (I) 1600 lost |
| obove, (I) (ventadne) (c 22b. SIGNATURE | did not view the body | alter death. | | DEGREE | 2) 0011110111 | deall occorred | on the dole | ond noor or | | |
| Try | at . | (commo | | | NDING _ | MEDICAL | STAFF | | 22c. DATE | |
| 270. PHYSICIAN'S NAME | | , | | | SICIAN D | DIRECTOR | PHYSICIAN | 1 🗆 | 10-9 |)-84 |
| | | | | 22e ADDRESS | | | | | | |
| | Melito T | | | | | Ellwoo | | 2 | 2122 | 24 |
| 230. BURIAL, CREMATION, REM | | | | EMETERY OR CRE | | 23d LOCAT | | C | DUNTY | STATE |
| Burial | 10/ | 1/84 | Holy | Redeeme | - | Balt | | Md. | | |
| 24 FUSCHIMUMek 1 | Funeral H | HOme ODEFI | nc. | - Cuccme | 25a. DAT | E REC'D. BY REC | SISTRAR 256 | REGISTRA | 'S SIGNAT | URE |
| 3331 Brehms | Lane. F | Ralto M | 2 DN | 1212 | 00 | 1101 | 184 9 | wha Da | 4dson-1 | gandere. |



OR DEPARTMENT OF HEALTH AND MENTA DYGIENE OTATE OF CERTIFICATE OF DEATH

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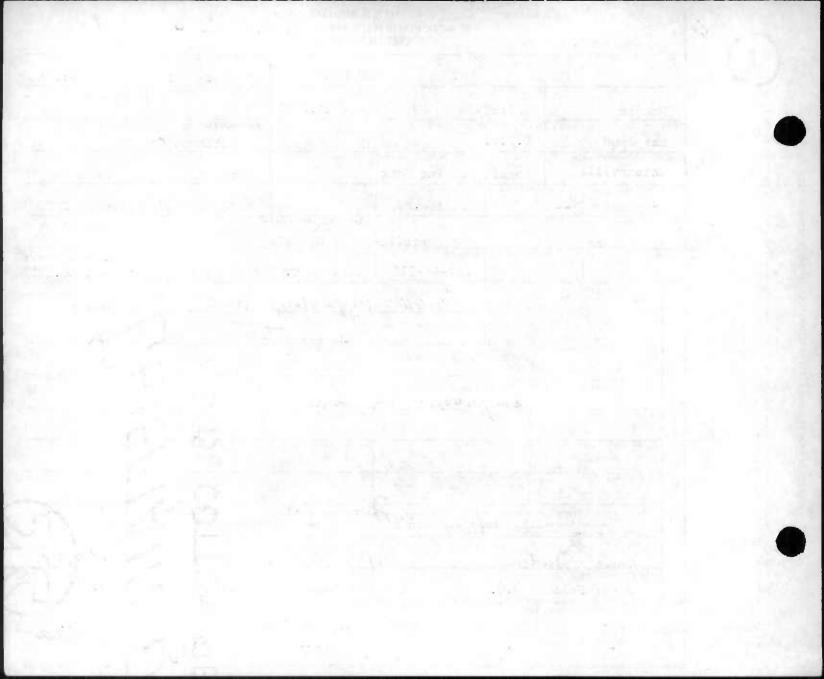
| 1 - STATE REGISTRAR | | DEPAR | CERTII | FICATE OF DEATH | REG. | NO. | | |
|---|--|--|------------------------------------|--|---|-----------------|--|--|
| 1. DECEASED NAME | FIRST | MIDDLE | | LAST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| (TOTAL ON THE PROPERTY OF THE | ANNA | М. | | KONDNER | October | 30, | 1984 | 3:05A N |
| 3 SEX | 4 RACE | | | OF BIRTH | 6 AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| Female | Whit | e | Feb | ruary 22,1897 | 87 | YRS. | | , and a |
| O. BIRTHPLACE (STATE OR | FORE 76 CITIZEN | OF WHAT COUNTR | Y? 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| Maryland | U.S. | A • | WIDOW | | Baltimo | re Co | unty | ME |
| Catonsvill | e Summ | OF HOSPITAL, NUR I SUCH EACILITY, GIVE STR IT NURSIN | SING HOME (DEET ADDRESS) LEE HOME | OR OTHER INSTITUTION | 12ª USUAL OCCUPA (TYPE OF WORK FOR MOS Housewit | OF WORKING | | |
| ISUAL RESIDENCE (IF NUF 130. STATE Maryland | SING THE OR OTHER INSTITUT OUNTY | 13c. CITY OR TO Baltim | NWC | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | e 21229 |
| 4 FATHER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | 9 15 | ŁA' | 12. |
| Herman | | | stelle | | a | | Mohr | |
| (YES NO OR UNKNOWN) | IN U.S. ARMED FORCE | | CURITY NO. | 17. INFORMANT | ADD | RES4211 | Chalfo | nte Driv |
| No | (IF TES, GIVE WAR ON DATE | | 6-7798 | William C. | | | | |
| 18 CAUSE OF DEA PART I. DEATH V | TH (Enter only one cause WAS CAUSED BY: IMMEDIATE CAUSE (a. | per line for 1001, | onder! | - Resputing | arest | | SETWEEN | XIMATE INTERVAL ONSET AND DEATH |
| | e last DUETO | O, OR AS A CONSEC | | NOT RELAKED TO THE TERM | MIN AL DISEASE OR CC | NDITION G | IVEN IN PART I | 10. |
| NOI | Non | npareses | . 1/ | 41 Phage | | | | |
| 190. DATE OF OPERA | ATION 19b. CO | NOTION FOR WHI | CH OPERATIO | WAS PERESAMED | 200 AUTOPSY? | MN CERT | ES, WERE FINDI TIFYING CAUSES YES [] | INGS USED S OF DEATH? NO [|
| | CAUSE OF DEATH HOUR | A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF IN | JURY IN ITEM 18 | PART 1 OR PART 2) | |
| (IF EITHER, NOTIFY MEE 21d. INJURY OCCUI WHILE NOT V AT WORK | MOH TA (AT HOM | CE OF INJURY E, STREET, FACTORY, OFFI | CE, FARM, ETC) | 21f. LOCATION STREET | CITY OR | town | COUNTY | STATE |
| sow the decea | this haspital) attended sed alive an (did (did nat) view the b | 18/27 19 | 2001 | ind that in (my) (on apinion | death occurred an the | date and ha | ur and from the | , that (I) (🗪) last e causes stated |
| 22b. SIGNATURE | Molen | | V | DEGREE ATTENDING PHYSICIAN [122e ADDRESS | MEDICAL ST DIRECTOR PHYS | AFF ICIAN [] | 22c DATE | 30/84 |
| | Nolan M.I | | | 1 Mallow H | ill Road,B | altimo | ore, Md. | 21229 |
| 230 BURIAL, CREMATION (SPECIFY) Entombment | 736. DATE | | | cemetery or crematory ne Pk. Mausole | 23d LOCATION CITY OR TOWN Balti | more | COUNTY | Md. State |

Lerow M. & Russell C. Witzke Funeral Homes P.A. OV 2

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He IMPORTANT: If Item 21 is

ol-transit pe



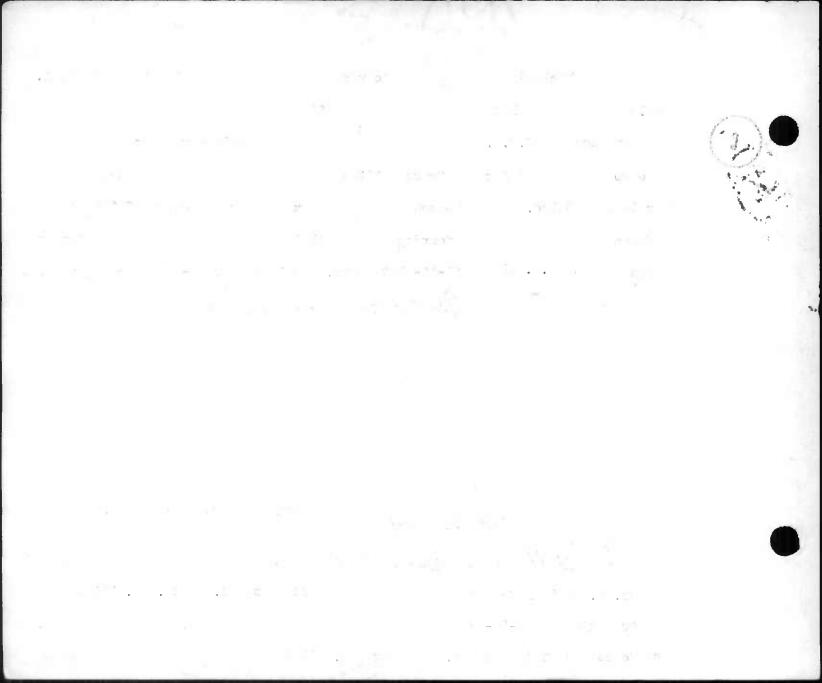
4 may be

STATE OF MARYLAND

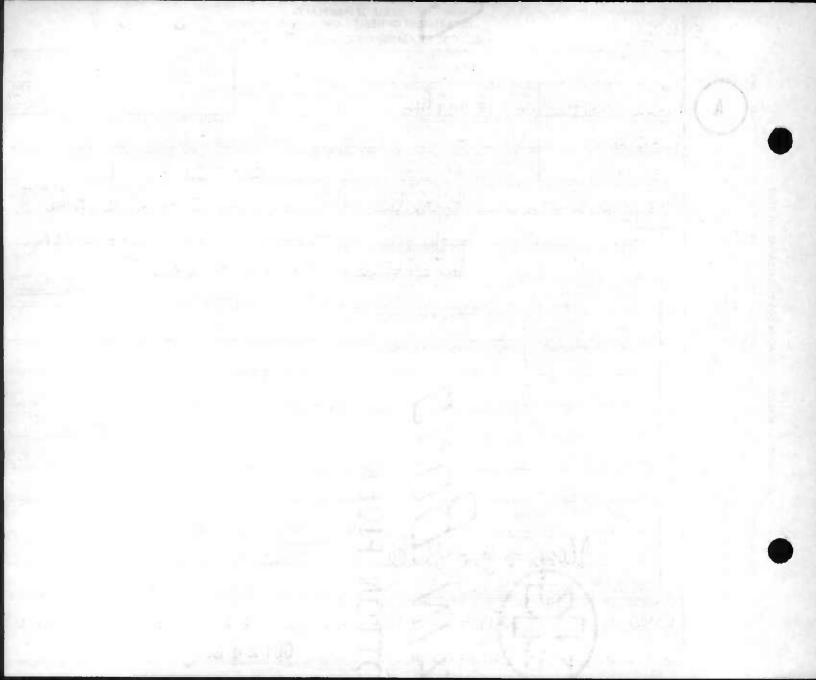
DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

| 1- | STATE REGISTRAR | | | PLI ARTI | CERTIF | ICATE OF DEATH | REC | 6. NO. | | | | |
|---------------|---------------------------------------|---------------|-------------------|----------------------------------|------------|--------------------------------------|-----------------------|--------------------|--------------------------------|----------------|------------|----------|
| | EASED NAME | FIRST | , | AIDDLE | L | AST | 20 DATE OF DEAT | H MONTH | DAY | YEAR | 26 HOL | JR |
| (TYPE | OR PRINT) | Mich | ael | | Ko | urday | | 10 | 26 | 84 | 10 | A. , |
| 3 SEX | | | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LA | T BIRTHDAY) | # UND | DAYS | IF UNDER | R 24 HRS |
| 7 | Male | | White | | MONTH 6 | 6 24 YEAR | 60 | V | RS. | DAYS | HOURS | MIN. |
| 7n D10 | THOLACE ASSISTS OF | REOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D MEVER MARRIED | 9 BALTIMORE CIT | | | EATH | | |
| · | New Yor | rk | U.S.A. | | WIDOWE | | Baltim | ore. | Coun | ty | | MI |
| 10. CI | Y OR TOWN OF DE | ATH | 11. NAME OF | | IG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCU | PATION | 121 | KINDO | F BUSIN | |
| | Towson | | | HEACILITY, GIVE STREET View Cour | | 1204 | (TYPE OF WORK FOR M | | | DUSTRY ecur | itie | S |
| | L RESIDENCE (IF NUI | | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | | | |
| 13a. S | | Balt | | Towsor | | 13d INSIDE CITY LIMITS? | 5 Ruxview | | ODE + 21 | 204 | | |
| | aryland | Dait | .0. | 100501 | 1 | 15. MOTHER'S MAIDEN N | | Cour | <u> </u> | 204 | | |
| | FIRST | | MIDDLE | LAST | 1 | FIRST | MIDD | l E | | LAS | Cart | -0* |
| | Samue1 | | WED FORCESS | Kourd | | Ethel IT INFORMANT | ΔΙ | DDRESS | | | Car | -61 |
| | AS DECEASED EVE ES, NO OR UNKNOWN) | | W. II | | | | | | | 1 . | | NT T1 |
| | yes | W. | W. 11 | 121-22- | -6432 | Mrs. MacAl | eer Kourda | y- Pt | . Was | | | |
| | 18. CAUSE OF DEA | | | line for (a) (b), on | d (c) | 1 | illun-6 | | | APPROXI | MATE INTE | P DE ATH |
| CERTIFICATION | | | | | | NOT RELATED TO THE TER | Z00 AUTOPSY? | 20b. I | F YES, WEF ERTIFYING YES | RE FINDIN | NGS USE | TH? |
| 7 8 | 21a. ACCIDENT WAS U | NDERLYING [| 21b. TIME C | | | 21c. HOW INJURY OCCU | RRED (ENTER NATURE O | INJURY IN ITE | M IS PART I C | PART 2) | | |
| | OR CONTRIBUTING | | 2111 | M. MONTH D M. | AY YEAR | | | | | | | |
| MEDICAL | (IF EITHER, NOTIFY ME | | 21e PLACE | | 17 | 211 LOCATION | | | , | OUNTY | | STATE |
| ₩. | WHILE NOT V | WHILE [| (AT HOME ST | REET FACTORY, OFFICE | FARM ETC) | STREET | CITY | OR TOWN | (| UUNIT | | STATE |
| | 22a certify that (| | ital) attended th | e deceased from | | 10 600 | 10 10/ | 4 2 0 | 10 0 | 11. | that (I) | (we) las |
| | sow the deced | | 6.7 | + 75 19 | 94.0 | nd that in (my) (our) apinio | n death accurred on t | he date and | hour and | 7 | | |
| 1 | above, (1) (we) 22b. SIGNATURE | (did) (did no | ot) view the body | ofter death. | 91 | DEGREE | | | | 22c DATE | | |
| 4 | 224 PHYSICIAN'S | lle | ellean | S | hly | 27 MORTENDING PHYSICIAN 1220 ADDRESS | MEDICAL DIRECTOR P | STAFF YSICIAN [| | 10 - | -28 | -89 |
| 1 | 228 - 1113 CIAN 31 | AMME (THE | OK PRINT) | | | |) 1 O+ T | | 37.3 | 0100 | 1 | |
| | | | iam Schl | | | | hase St. I | | Ma. | 2120 |) <u>T</u> | |
| | URIAL, CREMATION | N, REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COU | | | STATE |
| | Cremat | ion | 10-29- | 84 | West | | Bal 1 | | | Lto/ | | Md. |
| | INERAL DIRECTOR | | | ADDRES | | | ATE REC'D. BY REGIS | | | | | |
| Ru | ck Towson | Funer | cal Home | Inc. 10 | 50 You | rk Rd. 21204 | CT 2 9 198 | 1 Freh | a Days | bon-1 | fande | 220 |

DHMH - 16 50M 4/83 (VRA 15, 4)



20M 4/82



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygrette pries to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAGHYGENE
CERTIFICATE OF DEATH

| | | | | REG. NO. | | |
|----------------------|--|--|--|---|--|-------------------------------|
| FIRST | MIDDLE | LAST | | 2a. DATE OF DEATH MO | INTH DAY YEAR | 26. HOUR |
| Walter | Gustav | Kun | ze | October 2 | 7, 1984 | 3:55 AN |
| 4. RACE | | | | 6. AGE (IN YEARS LAST BIRTHD | | IF UNDER 24 HRS HOURS MIN. |
| C | aucasian | May | 31, 1904 | 80 | YRS. | MIN. |
| FOREIGN 76. CITIZ | EN OF WHAT COUNTRY? | 8. | X NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEATH | |
| | USA | | | Baltimore | County | MD |
| (IF N | OT IN SUCH FACILITY GIVE STREET | ADDRESS) | | LITYPE OF WORK FOR MOST OF W | ORKING LIFET INDUSTRY | OF BUSINESS OR |
| | | | lle | Chemical . | Eng. Manu | iactur: |
| 136 COUNTY | 13c. CITY OR TOV | VN I | | 130 STREET ADDRESS 14 Dunmor | e Road 2 | 1228 |
| ALIDOUS . | LACT | 1 | | | | cT CT |
| MIDDLE | Kunze | | Lillie | MIDDLE | Hau | ber |
| | | URITY NO. 1 | 1 INFORMANT | ADDRESS | | |
| (IF YES, GIVE WAR OR | 214-03- | -5207 | Mrs. Else | Kunze Sam | e as # 13 | 3 |
| H (Enter only one co | ause per line for (a), (b), ar | nd (c). No | | | BETWEEN | ONSET AND DEATH |
| | | Me | tastalic las | Cinonia | n | onthe |
| | | IENCPOD | 0 - | 10 0 D | 100 | -10 |
| , which | (b) | Caso | mama of | lie Loten | h | ion us |
| | E TO, OR AS A CONSEQU | IENCE OF | | | | |
| e lost. | (c) | | · · · · · · · · · · · · · · · · · · · | | | |
| NIFICANT CONDIT | IONS CONTRIBUTING TO | DEATH BUT N | OT RELATED TO THE TER | MINAL DISEASE OR CONDIT | ION GIVEN IN PART 1 | a |
| | | | | | / | |
| TION 19b. | CONDITION FOR WHICH | H OPERATION | WAS PERFORMED | | | |
| | | | | YES NO | YES [| ио 🗌 |
| - | | | 216 HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY I | N ITEM 18 PART 1 OR PART 2) | |
| ICAL EXAMINER) | P.M. | 19 | | | | |
| /AT | | | 21f. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| HILE DRK | | 01 | | | 1 94 | |
| | 10101 | CALL | . 19_19 | , to | 19 1 | that (I) (we) last |
| ed alive an | | 04 Jand | that in (my) (awr) apinia | n death accurred an the date | | 77.7 |
| de | Λ. | DE | | WEDIGH CYAFF | | ESIGNED |
| imes 1 | notcon | M. | D. PHYSICIAN | | N 10/ | 27/84 |
| AME (TYPE OR PRINT) | | | | fall a | | |
| J. Nola | ın, M.D. | | 1 Mallow | Hill Rd. Ba | lto.,Md. | 21229 |
| | | | | | | |
| , REMOVAL 23b. D | DATE 23c. | NAME OF CE | METERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE |
| | ATH 11. NA Le THE INDUSTRY BALL TIME IN U.S. ARMED FOR OFFICE WAR OR IN U.S. ARMED FOR OFFICE WA | Valter Gustav 4. RACE Caucasian FOREIGN 7b. CITIZEN OF WHAT COUNTRY? USA ATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Meridian Catorial (IF NOT IN SUCH FACILITY, GIVE STREET MERIDIAN CATORIAL (IF VES. GIVE WAR OR DATES) WINDLE INU.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) WINDLE INU.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) WINDLE INDLE IND | Valter Gustav Kun A. RACE Caucasian May FOREIGN 76. CITIZEN OF WHAT COUNTRY? B. MARRIED WIDOWED ATH 11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Catonsvi Baltimore Gatonsville MIDDLE KUNZE IN U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) WHICH Enter only one cause per line for 101, (b), and 101. WHICH Enter only one Cause per line for 101, (b), and 101. WIS CAUSE D BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LOST OF INSTITUTION FOR WHICH OPERATION DEFLYING LAST LAST LAST KUNZE IN U.S. ARMED FORCES? (b) DUE TO, OR AS A CONSEQUENCE OF LOST (c) NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N TION 196. CONDITION FOR WHICH OPERATION DEFLYING LAST AME (TYPE OR PRINT) J. NOlan, M.D. | Valter Gustav Kunze 4. RACE Caucasian May 31, 1904 FOREIGN 76. CITIZEN OF WHAT COUNTRY? USA ATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF MOTI M, SUCH FACILITY, GIVE STREET ADDRESS) WINDOWED DIMORCED WISH DIMORCED 138. CITY CORT TOWN 138. LIST IS MOTHER'S MAIDEN N FIRST IN MOTHER'S MAIDEN N FIRST IN MOTHER'S MAIDEN N FIRST IS MOTHER'S MAIDEN N FIRST IN MOTHER'S MAIDEN N FIRST | ARCE S. DATE OF BIRTH A. AGE INTEREST ADDITION ACCOUNTED A | ARCE Gustav Kuze |

DHMH - 16 50M 4/B2

BP.

retained by the hospital ar ottending physicion

24 FUNERAL DIRECTOR MacÑabb (VRA 15, 4)

FOR STATE

Catonsville, Funeral Home

250 DATE REC'D. BY REGISTRAR 25 DREGISTRAR'S SIGNAL WINDS

.b. .elliveners anch i rema acatemi

magnine that the death certificate be

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| 14 | 1.8 |
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| | 1 |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AD HYGTENE

6

| 1. | FOR STATE REGISTRAR | DEPARTA | NENT OF HEALTH AND MENTAGHY CERTIFICATE OF DEATH | GTÉNE - REG. NO. | |
|----------------|--|--|--|--|---|
| 1. DEC | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MON | NIH DAY YEAR 26 HOUR |
| (TYPE | Thoma | as James Laing | SR. | October 14 | , 1984 6:02 |
| 3. SEX | X | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | Y) IF UNDER TYEAR IF UNDER 24.1 |
| | m | W | MONTH 10 /30/17 | 66 | YRS. |
| | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED ARVER MARRIED WIDOWED DIVORCED | Baltimore City or C | County |
| 37 10. CI | ROSSVILLE | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | DRKING LIFE 12b. KIND OF BUSINESS INDUSTRY STEEL |
| USUA 130. S | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION, GIVE RESIDENCE BEFORE VTY 13c. CITY OR TOW | N 13d. INSIDE CITY LIMITS? | | 4 |
| 4 | ATHER'S NAME | MLTO ESSEX | YES NO P | | NO VIEW RD. |
| 2) | | LAINE LAST | MARY | MIDDLE | 1xon LAST |
| | VAS DECEASED EVER IN U.S. AR | | | ADDRESS | |
| | YES, NO OR UNKNOWN) (IF YES, GIV | 217-07- | 1275 FRANCES D | AING 1 | A BOVE |
| | 18. CAUSE OF DEATH (Enter or | nly ane couse per line far (a). ART | des une | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| | | DÉ BY: HEART TE CAUSE (a) | FAILURE | | |
| z | cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITI | ON GIVEN IN PART I I O |
| CERTIFICATION | 190, DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | IL IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? |
| 400 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH DA | | RRED (ENTER NATURE OF INJURY IN | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| × | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE, F. | | result in the second | COUNTY STAT |
| | 220.1 certify that (this hospi | october 14 19 17 view the body after death. | September 1 , 19 84 84 , and that in) (our) apinion | , to UCTODEY | and hour and from the causes state |
| | 22b. SIGNATURE | or) view the body after death. | DEGREE | To the second | 22c. DATE SIGNED |
| . 2 | Posert H.D. | beciefeld & | | MEDICAL STAFF DIRECTOR PHYSICIAN | |
| | 220. PHYSICIAN'S NAME ITYPE | | 22°9000°Frank | lin Square Dr. | 21237 |
| / | ROBERT H. WIE | DEFELD Je, M4 |) | | |
| | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | JAME OF CEMETERY OR CREMATORY AK LAWN | 23d LOCATION CITY OF TOWN BALTE | COUNTY STA |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDS retained by the hospital or

BP.

WHEN BOLL BOLK TO SEE THE SEE IS HERE WO HARRE LANGE TARREST CONTRACT white the state of the same was a same The first term of the second physician and campletely filled in by papers. Pages 1 and 2 shauld be file.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phyrician should be detached for use as the burial-transit permit. Then please remove cortient expension with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic remot them.

FOR DEPARTMENT OF HE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA HYGIGNE
CERTIFICATE OF DEATH

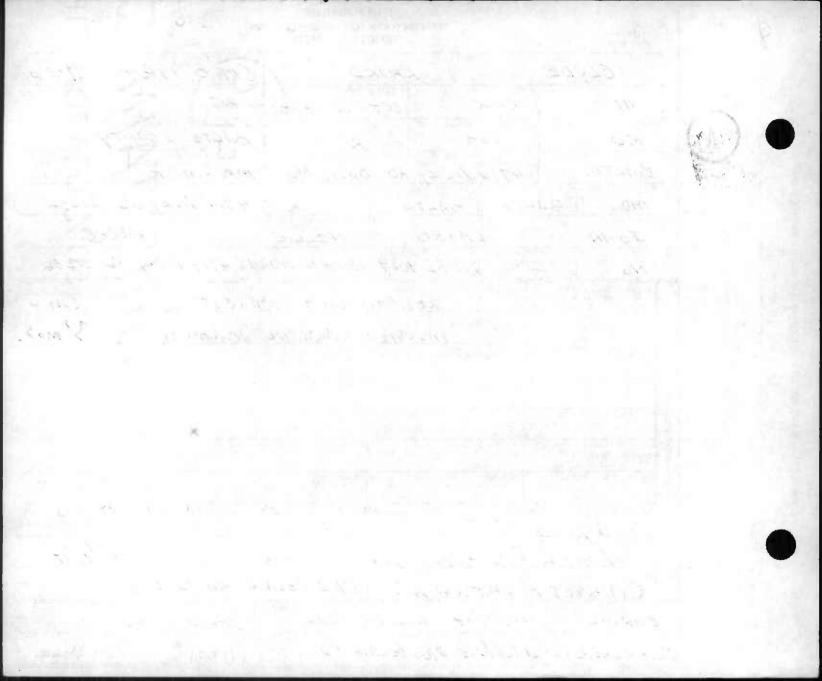
26412

| | REGISTRAR | | CERTI | FICATE OF DEATH | REG. N | 10. | |
|---------------|--|---|------------------------|------------------------------|--|------------------------|---|
| | DECEASED NAME FIRST TYPE OR PRINT) CLYDE | WIDDLE | LAII | ed. | OCT 8, | | 7 PM |
| 3 | M ale | CAUC. | 5. DATE | OF BIRTH | 6. AGE (IN YEARS LAST BI | | YEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| 70 | BIRTHPLACE (STATE OR FOREIGN | LOSA | RY? & MARRIE | ED NEVER MARRIED DE DIVORCED | | COUNTY OF DEAT | TH MD. |
| | BALTO. | 11. NAME OF HOSPITAL, NUI | TREET ADDRESS) | BALTO HD | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) | OF WORKING LIFE) INDUS | nd of Business or STRYBalto. |
|) 13 | | OR OTHER INSTITUTION GIVE RESIDENCE BI | IOWN | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | CKY PD. | 2/236 |
| 14 | FATHER'S NAME JOHN | MIDDLE LAIR | 0 | 15. MOTHER'S MAIDEN NA | ME MIDDLE | PARK | LIAST |
| 160 | WAS DECEASED EVER IN U.S. A | RMED FORCES? 16b SOCIALS IVE WAR OR DATES) 218-32 | -9089 | RUTH N AD | AHS 4714 | VICKY RD | 21236 |
| | PART I. DEATH WAS CAUS | only one couse per line for (a), (b) ED BY: ATE CAUSE (a) | | ATUKY 1 | MUCST | BETY | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSE | OUENCE OF | e concham | | | 3tmos. |
| CEPTIFICATION | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | | | NINAL DISEASE OR CON | 206 IF YES, WERE F | INDINGS USED |
| | | | | 21c. HOW INJURY OCCUR | YES NO RED (ENTER NATURE OF INJU | YES 🗌 | NO 🗌 |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF | 19 ICE, FARM, ETC) | 211 LOCATION STREET | CITY OR TO | Own Count | TY STATE |
| | sow the decepsed plive p | outol) ottended the deceased from 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | "" | nd that in (our) opinion | Y, to/ O death occurred on the d | ote and hour and from | that () (we) last in the couses stated |
| | Marle | 7 Boen | Pin | | MEDICAL STA | FF 12 | DATESIGNED |
| | 22d. PHYSICIAN'S NAME (TYPE | F. HOESCH | | 9712 BELA | | 21236 | |
| L | BURIAL, CREMATION, REMOVAL | 1 | LOUDE | 777740 | 31270. | HB . | STATE |
| 24 | SCHIMOUNER FUL | reen/fore gr | ore Mo | 1/2 25. DAT | T 1 O 1084 | Julia Davidse | S |

DHMH - 16 50M 1/81 (VRA 15, 4)

retoined by the hospital

BP.



page 3

may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT HYGIENE

| DETECTION TRANK LINTON La MOTTE Ja DATE DETAITH MODERN DATE OF BOTH THAN THE DATE OF THE PROPERTY DATE OF BOTH D | ı | 1 - | REGISTRAR | | | | CERTIF | ICATE OF DEAT | TH | REG. NO. | | |
|--|---|---------|--------------------|------------|--------------------------|------------------|------------------|----------------------|-------------|--|-----------------|--------------------------------|
| FRANK LINION La MOTTE, JR. October 17, 1984 D. M. Modes Frank D. Modes Frank D. M. M | 1 | | | FIRST | A | AIDDLE | Į. | AST | | | YEAR | 2b HOUR |
| SEX RACE S. DATE OF BRITH DAY DA | ı | (TYPE (| OR PRINT) | FRA | NK LI | NOTI | La MC | TTE, J | R. | October 17, 19 | 84 | CO D.M |
| March 22 | ı | 3. SEX | | | | | 5. DATE C | F BIRTH | | | | |
| Delaware USA Marked Nover Arriver Nover Arriver Baltimore County Mode of the printing power of the | ľ | | Male | | Whit | е | Mar | ch 22, 1 | 919 | 65 YRS. | | HOURS MIN. |
| Delaware Delaware | f | | | DREIGN | 76 CITIZEN OF | WHAT COUN | TRY? 8. | NEVED MADE | PIED 🗆 | BALTIMORE CITY OR COUNTY O | FDEATH | |
| Butler From Notice Addition of the County The County | 4 | | | | t | JSA | | | | Baltimore Cour | nty | MD. |
| Buttler 1727 Western Run Road Executive MD Cup Corp SUNAL RESIDENCE & NUMBER SHOULD CORP & RESIDENCE AND SOLD ACCESS TO BE STORED TO COLOR | 7 | 10 CIT | TY OR TOWN OF DEA | ΪΗ | | | | R OTHER INSTITUT | ION | | | BUSINESSOR |
| 136 STATE 136 COUNTY 136 INSIDE CITY LIMITS' 136 STATE ADDRESS / ZIP CODE 1727 Western Run Rd., 21023 152 MOTHER'S MANE 152 MOTHER'S MADEEN NAME 153 MOTHER'S MADEEN NAME 153 MOTHER'S MADEEN NAME 153 MOTHER'S MADEEN NAME 153 MOTHER'S MADEEN NAME 154 MOTHER'S MADEEN NAME 154 MOTHER'S MADEEN NAME 155 MOTHER'S MADEEN NA | 1 | | | | 1727 W | Vester | n Run F | Road | | Executive | MD C | up Corp |
| Second Conditions of Contributing to Death But NOT Related to the Terminal Disease or Condition given in Part 1:0 | | | | | | | | 13d INSIDE CITY L | IMITS? | 13e STREET ADDRESS / ZIP CODE | | |
| Trank | ĺ | | | _ | | | | | × | 1727 Western Ru | un Rd. | , 21023 |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES 180 SOCIAL SECURITY NO 213 16 4377 Mrs. Frances I. La Motte, Same 17 INFORMANT Mrs. Frances I. La Motte, Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) 18 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. (c) (c) Stating the underlying couse last. (c) (c) Stating the underlying couse last. (c) | i | 14 FA | | | WIDDLE | LAST | | | IDEN NAM | | LAST | |
| The contribution of the course of the cour | | 1 | Frank | L | . La | Motte | 2 | | nce | | ardeer | 1 |
| BECAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) | | | | | | | | | | | | |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | I | | Yes | WW | II | 213 1 | 6 4377 | Mrs. F | -rand | ces I. La Motte | | |
| DUE TO, OR AS A CONSEQUENCE OF CONDITION, which gove rise to immediate couse 101, storing the underlying costs lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0. PART 2. OTHER | | | 18 CAUSE OF DEATH | (Enter on | ly one cause per | line for (a), (b | or, and (ci.) | | | | BETWEEN OF | ATE INTERVAL USET AND DEATH |
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| The first examines of the constitution for which operation was performed and the course of death? 196 Late of operation 196 Condition for which operation was performed 206 Autopsy? 206 If yes, were findings used 196 Conditions 196 Conditions 196 Conditions 196 Conditions 196 Conditions 197 Cond | | 1 | underlying couse | last. | ((c1 | | / | | | | | |
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| and that it min (our) opinion death occurred on the date old how and from the causes stated DECREE ATTENDING MEDICAT STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN | | | | к — | L. D. Laure all has been | September 1 1 | 11 | 11/12 | 0 | 10/17/194 | | - All Suns Visual |
| DEGREE ATTENDING MEDICAT STAFF PHYSICIAN DIRECTOR PHYSICIAN Dr. Philip Whittlesey, M. D. 600 W. Northern Parkway, Balto., MD 23a BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 10/19/84 Green Mount Balto., 24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co. 25a. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE | | | surw throwing runn | d observer | - 9//6/ | 67 | | nd that is (mw) (our |) opinion o | death accurred on the date and hours | and from the co | auses stated |
| ATTENDING MEDICAT STAFF PHYSICIAN DIRECTOR PHYSICIA | | | | did no | Tyley had body | afterdeath. | | | | | | |
| Dr. Philip Whittlesey, M. Goo W. Northern Parkway, Balto., MD 236 BURIAL, CREMATION, REMOVAL 23b. DATE St. NAME OF CEMETERY OF CREMATORY COUNTY MD 24 FUNERAL DIRECTOR Henry W. Jenkins S. Sons Co. 256. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME 10/19/84 Sons Co. 256. DATE REC'D. BY REGISTRAR'S SIGNATURE | | 1 / | 11/100 | n | Poli | 1 | Tu. | () ATTEN | NDING , | | 101 | 18/84 |
| Dr. Philip Whittlesey, M.D. 600 W. Northern Parkway, Balto., MD 236. BURIAL, CREMATION, REMOVAL 236. DATE 136. NAME OF CEMETERY OR CREMATORY COPE 10/19/84 Green Mount 236. LOCATION CITY OF TOWN Balto., MD 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 256. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE | - | | THE PHYSICIAN'S NA | ME ITHE | CHANGE THE | rive | 7/14 | | SICIAN | TURECTOR PHYSICIAN | 1-1 | 10/ |
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| Cremation 10/19/84 Green Mount Balto., COUNTY MD 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 256 DATE REC'D. BY REGISTRAR'S SIGNATURE | | 23a B | | | | | | | | | Darco. | , , , , , |
| 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE | | (1) | SPEC (EY) | LINOVAL | | | | | NATURI | _CITY_OR TOWN | LOUNTY VAL | STATE |
| NAME | i | | | enry | | | | | 25a. DATI | | | |
| | | | NAME | _ | | ADDR | RESS . | | n | CT 1 0 100/ | Kind . | 27-21-2 |

DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon pagests. Pages the the Dept. of Meath and Mental Hyper price to burial, cremation, or removal.

injury, ar ather traumatic event, the

Architel (Fifem 21 is marked or

III I WAS DEED SHOW AT To the later than the second to the second t e uniform a lai seneral serva Tiga Et 210 II 976 servi oral office of the case of the continue of t t tO FUNERAL DRECTOR. After this certificate has been signed by the unhanding should be detached for use as the businitinant permit. Then please remove carbo with the State Dept. of Health and Mental Hygiens prior to buriol, cremation, as re-

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT, If Nem 21 is marked as Nem 18 shared

STATE OF MARYLAND

| 1 | 1- | STATE REGISTRAR | | HEALTH AND MENTACHYG | REG. NO. | | |
|---|---------------|--|---|----------------------------------|--------------------------------|----------------------------|----------------------------------|
| ł | I. DEC | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MO | ONTH DAY YEAR | 2b. HOUR |
| ı | (719) | John La | nobiat | | 1 | 0 21 84 | 7 PM |
| ı | 1.5EX | | RACE 5. DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHD | AY) IF UNDER 1 YEAR | IF UNDER 24 MRS. |
| ı | 5 | 1915 | NHITS OF | T. 22 1894 | 29 | WONTHS DAYS | HOURS MIN. |
| 4 | a. BIR | · Many diversity | CITIZEN OF WHAT COUNTRY? | | 9. BALTIMORE CITY OR C | | |
| Я | | 2R9LADD | U.S. A. WIDOV | NED NEVER MARRIED DIVORCED | Balt Cou | inty | MD. |
| | | TY OR TOWN OF DEATH | . NAME OF HOSPITAL, NURSING HOME | | 120. USUAL OCCUPATION | | OF BUSINESS OR |
| 1 | 7 | m.d | Stala Maris | ospice | (TYPE OF WORK FOR MOST OF W | ORKING AFET INDUSTRY | |
| 1 | MSUA | RESIDENCE OF NUMBER OF OTH | HER INSTITUTION CINE DESIDENCE RECORE ADMISSION | N | | | |
| 4 | 130 5 | | 13c. CITY OR TOWN | | 13e.STREET ADDRESS / Z | | 1101 |
| 4 | | THER'S NAME | BALTIMORS | YES NO NO 15. MOTHER'S MAIDEN NA | 1 0 - 10 - | Ane 2 | 1191 |
| 1 | 7 | FIRST | DLE LAST | O FIRST | MIDDLE | II a CTAS | |
| 4 | O S | VAS DECEASED EVER IN U.S. ARME | D FORCES? 166 SOCIAL SECURITY NO. | 17 INFORMANT | ADDRESS | HARTI | MAN |
| | 14 | ES. NO OR UNKNOWN) [IF YES, GIVE W | (AR OR DATES) | 7 | 0 | | |
| ١ | 1 | 10 | 314015295 | 1 + Am, 14 | RECORDS | APPROVY | MAAYE MITERIAL |
| ı | | 18 CAUSE OF DEATH (Enter only of PART 1, DEATH WAS CAUSED B | ane cause per line far (a), (b), and (c).1 | T/ / | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| 1 | | IMMEDIATE (| | Ihrombosis | | | |
| ı | | The Late of the la | DUE TO, OR AS A CONSEQUENCE OF | | | | |
| 1 | | Conditions, if ony, which gove rise to immediate | (b) | | | | |
| 1 | | cause (a), stating the | DUE TO, OR AS A CONSEQUENCE OF | | | 3 299 | |
| | | underlying cause last. | (1c) | | | | |
| ١ | NO | PART 2 OTHER SIGNIFICANT COL | NDITIONS CONTRIBUTING TO DEATH BU | UT NOT RELATED TO THE TERM | AIN AL DISEASE OR CONDIT | ION GIVEN IN PART 1 | O. |
| Z | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERAT | ION WAS PERFORMED | | 06. IF YES, WERE FINDIN | |
| | IFE | | | | YES T NOT | N CERTIFYING CAUSES YES | OF DEATH? |
| 5 | 8 | 210 ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | NITEM 18 PART I OR PART 2) | |
| | 11.5 | OR CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MONTH DAY | R | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | | 100 | |
| 1 | 8 | NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE TARM ATC.) | STREET | CITY OR TOWN | COUNTY | STATE |
| 1 | | 220 E certify that (I) (this hospital | attended the deceased from 13 | 0110 10 80 | ta 10/21 | 10 84 | that (I) (we) last |
| 1 | | saw the deceased olive on | 16/16/84 | and that in (my) (our) opinian | | | |
| 1 | | obave, (1) (we) (did) (did not) v 22b. SIGNATURE | new the body after death. | DEGREE | | 22c. DATE | SIGNED |
| | | | | ATTENDING PHYSICIAN [| MEDICAL PHYSICIAL | иП | |
| | | 22d. PHYSICIANIS NAME (TYPE OR PE | RINT) | 22e ADDRESS | _ ownerow [6]orem | Tous | an Md |
| | | Edd o NOK | huda | Stella Mari | is Hospice Du | dane y Valley | Rd. |
| | | | 23b. DATE 23c NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | | |
| | | SURIAL | 1025 1984 DULA | NEY VALLEY | Timoniu | W ALUNDS | ARYLAND |
| | - | JNERAL DIRECTOR | 996 | 25a DA | TE REC'D. BY REGISTRAR 251 | b. REGISTRAR'S SIGNAT | TURE |
| | 5 | VAOS CHAPSIC | E Manoiss HARE | COO ROSO OC. | T 2. 4 1984 | 10. Dre 14 -18 | ALL. |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AGHY GIENE

6

| REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | | | |
|---|---|--|------------|--|---------------------------------------|---------------------|-------------|-------------------------------|
| 1. DECEASED NAME FIRST | | MIDDLE | l l | AST | | MONTH DAY | YEAR | 26 HOUR |
| (TYPE OR PRINT) Floyd | Will | liam | Lan | nen, Sr. | October 29 | 1984 | | 5.05 am |
| 3. SEX | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIRT | | NDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| Male | White | 9 | 2 | 18 1916 | 68 | YRS. | DATS | HOURS MIN. |
| 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | |
| Pennsylvania | U.S.A | A . | WIDOWE | | Baltimore | County | | MD. |
| IO CITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | I NC | | BUSINESSOR |
| Rossville | | the facility, give street in Squa | | ospital | Engineer | | Beth. | . Steel |
| USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COL Maryland Bal | | 13c. CITY OR TOWN Dundal | N | 13d INSIDE CITY LIMITS? YES NO 🔀 | 13e STREET ADDRESS / | | đ | 21222 |
| 14 FATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | | |
| Charles | WIDDLE | Lannen | | Lula | WIDDEE | | Shee | ets |
| 160 WAS DECEASED EVER IN U.S. A | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | \$5 | | |
| Yes, no or unknown) IF YES, G | II | 189-10- | 8770 | Geraldine | L. Lannen | Sa | me as | s 13e |
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO | | NCE OF | | MINAL DISEASE OR CONI 200 AUTOPSY? | DITION GIVEN I | ERE FINDING | GS USED |
| FILE | | | | | YES NO | YES [|] | NO 🗌 |
| an contraction of cutter as a | CAIN . | OF INJURY .M. MONTH DA .M. | YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART T | OR PART ?) | |
| OR CONTINUOUS CAUSE OF D OF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY REET, FACTORY, OFFICE, F. | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| 220.1 certify that (It (this has sow the deceased alive a above, (It (we) (did) (did) 22b. SIGNATURE | | | 4—, 。 | or 18 , 19 84 nd that in (my) (our) opinion DEGREE | , to October death occurred on the do | | ~ 2 | |
| John | M 1/: | esset n | in | ATTENDING PHYSICIAN | MEDICAL STAF | | 10-29 | -84 |
| THE PHYSICIAN SNAME (THE | OR PRINT) | yeur, 1 | | 22e ADDRESS | _ DIRECTOR [PHI30C | וחי | 10-20 | , 01 |
| John M | I. Vincer | nt, M.D. | | 9000 Frank | lin Sq. Dr. | , 21237 | | |
| 23a BURIAL, CREMATION, REMOVA | L 23b. DATE | 23¢ N | NAME OF C | CEMETERY OR CREMATORY | 23d LOCATION | | DUNTY | STATE |

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the haspital ar

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbonpapers, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

we any injury, or other troumotic event, th

MPORTANT: If Hem 21 is morked or Item 18 sha

FOR

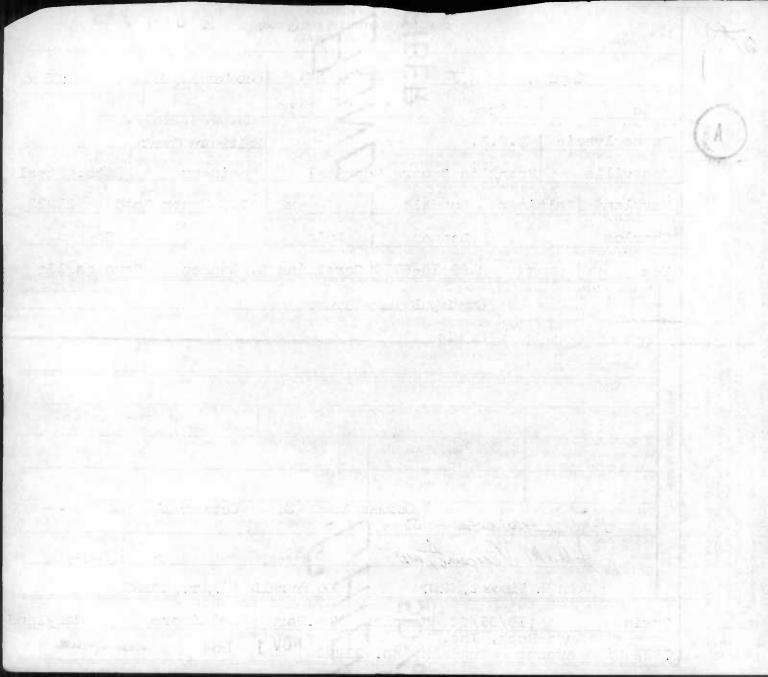
Baltimore

Maryland

Burial 10/31/84 Moreland Mem.Park

14 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue Dundalk, MD. 21222 235 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 1 1984 Lowdson-Randale



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT APHY GTE

CERTIFICATE OF DEATH

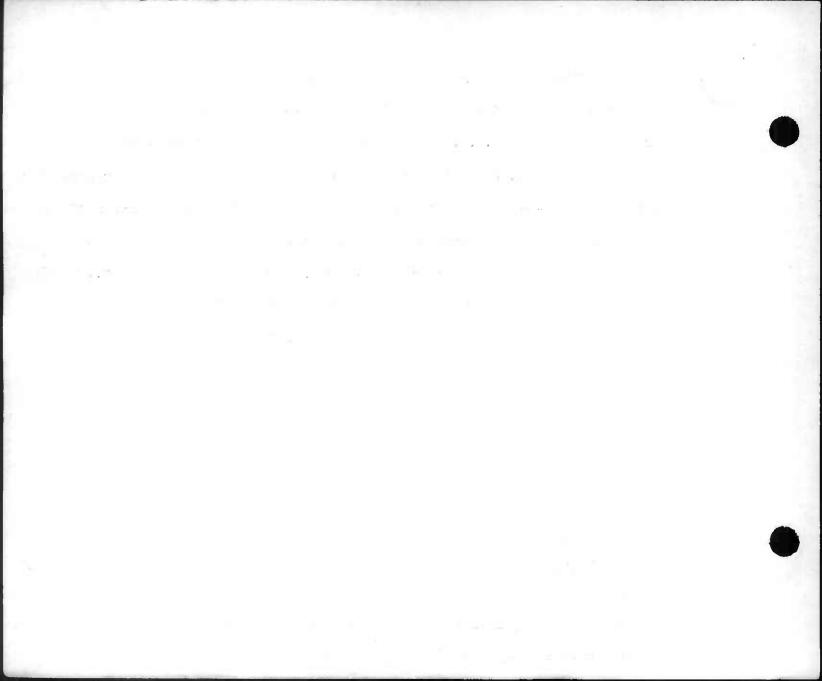
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| ı | 1- | STATE REGISTRAR | | | DEFA | CERTIF | ICATE OF D | EATH | IBME | REG. NO |). | | | | |
|---|-----------------|--------------------|--------------------------------------|--------------------|-------------------------------|-----------------|-----------------|-----------------|----------------|---------------|--------------|---------|--------------------|------------|----------|
| ١ | | EASED NAME | FIRST | 1 | MIDDLE | t. | AST | | 2a DATE OF | | MONTH | DAY | YEAR | 26 HOL | JR |
| ١ | {TYPE (| OR PRINT) | FRANCE | S | Ε. | L | ANSINGE | R | | | 10 | 10 | 84 | 6:1 | 5 An |
| ١ | J SEX | | | 4 RACE | | 5. DATE C | | | 6. AGE (IN YE | ARS LAST BIRT | HDAY) | MON1: | DER TYEAR | #F UNDER | 24 HRS |
| ١ | | Fema1 | e | White | e | 10 | 1 4 | °Ô4 | 7 | 79 | YRS | MONT | DATS | HOURS | MIN. |
| 4 | 7a. BIR | THPLACE (STATE | E OR FOREIGN | 76 CITIZEN OF | WHAT COUNT | RY? 8 | - NEWER | . aausa 🖂 | 9 BALTIMOR | E CITY O | | YOF | DEATH | | |
| d | Ma | ryland | | U. | S.A. | WIDOWE | DE NEVER M | ORCED | Ba1 | Ltimo | re C | ount | ty | | MD |
| 7 | 0 CIT | Y OR TOWN OF | DEATH | 11 NAME OF | | RSING HOME C | | | 12a USUAL O | CCUPATIO | NC | 12 | b. KIND O | F BUSIN | ESS OR |
| 1 | Ca | tonsvil | 1e / | St. Jo | H FACILITY, GIVE ST seph's | Nursing | Home | | Sa1 | eslad | - | | ibustry lardwa | are | Store |
| 7 | 1/5UA 13a S1 | L RESIDENCE (# | NURSING HO AE OR | OTHER INSTITUTION, | | FORE ADMISSION) | 13d. INSIDE CI | TV HAAITS2 | 13e STREET A | DDDESS / | 71P COI |)E | | | |
| 2 | | cyland | V - CO | | Balti | _ | YES 1 | NO [| 4413 | | | | eet | 2122 | 9 |
| | | THER'S NAME | | | | | 15. MOTHER'S | | WE | | | | | | |
| | 1 | Unknown | | WIDDIE | Straugh | าท | | nche | | MIDDLE | | Unk | nown | 1 | |
| 5 | 16a/W | AS DECEASED E | VER IN U.S. AR | | 166 SOCIALS | | 17. INFORMAL | | | ADDRE: | SS | - 1111 | | | |
| 4 | (YE | NO OR UNKNOWN | (IF YES, GIV | E WAR OR DATES) | 213-2 | 8-7329 | John | P. Lans | singer | 947 | Circ | :1e | Dr | 212 | 2.7 |
| 1 | | 18 CAUSE OF D | FATH (Enter on | ly one cause per | line for (o), (b) | ond (k) | 15 | | 10.0 | | A | T | APPROXI BETWEEN | | |
| | | PART I. DEAT | H WAS CAUSE | D BY | A50 | () h | 1 muse | cardia | link | rete | 00 | | | | |
| | | | IMMEDIA | | DAS W CONICE | OUEMICE OF / | 20110 | | 1 | | | | | | |
| | | Conditions, if | ony, which | DUE TO, OI | N AS A GONSE | Colone & | Ulke | 0 | 6 | | | | | | |
| | | gave rise to | immediate | 10) | | OUT LOT OF | | | | | | | | | |
| | | underlying co | | DUE TO, OI | r as a conse | OUENCE OF | | | | | | | | | |
| | l | PART 2 OTHER S | SIGNIFICANT (| ONDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE | OR CONE | DITION G | IVEN IN | PART 1 |) | |
| | N O | | | _ | | | | | | | | | | | |
| 5 | CERTIFICATION | 190 DATE OF OPI | ERATION | 196 COND | ITION FOR WH | ICH OPERATIO | N WAS PERFO | RMED | 20a AUTO | PSY? | | | RE FINDING CAUSES | | |
| - | TEX | | | | | | | | YES 🗌 | NO | | YES [| CAUSES | NO [| |
| Ħ | E | 210. ACCIDENT WAS | 6 | | | DAY VEAD | 21¢ HOW IN. | JURY OCCURR | RED (ENTERNATI | URE OF INJUR | T IN ITEM IS | PARTIC | ORPART 2) | | |
| r | AL. | OR CONTRIBUTING | | in . | M. MONTH M. | DAY TEAK | | | | | | | | | |
| | MEDICAL | 21d INJURY OCC | | 21e PLACE | OF INJURY | | 211 LOCATIO | N | | TITY OR TOV | a/bl | - | OUNIY | | TATE |
| | Σ | WHILE NO | T WHILE | (AT HOME STR | REET FACTORY OFF | ICE FARM ETC) | STREET | | | 2117 08 104 | , | | | | · CATE |
| İ | | 22a.1 certify tho | | Kannatte (iei | decemed fro | ma. 19 | 84 | . 19 | to | 10/1 | 0 | 192 | 4 | that (I) (| we) lost |
| | | serw the dec | reased place on re) used fided no | 1/ | after depth. | 904,01 | id that in (my) | (our) opinion (| deoth occurred | on the do | ite and ha | our and | from the | couses st | oted |
| | 1 | 72h SIGNATURE | 10000 | Aview time garde | gree degen. | | DEGREE | | | | | | 22c DATE | SIGNED | |
| | ш | 1 | 00.0 | 2/2/10 | | 000 | | TTENDING | MEDICAL | STAF | | | Int | | 00 |
| - | 1 | 220 PTTY SICIAN | S NAME (1995 | July Ca | 1 6 | per - | 22e. ADDRES | | THE CTORE | | I/I/ [_] | | 14, | 1-6/- | 17 |
| | | Dr. Sh | aw | | | | 5800 | Edmond | son Ave | enue | | | / | / | |
| | 23a BI | URIAL, CREMATK | ON, REMOVAL | 23b. DATE | 1 | 23c NAME OF C | EMETERY OR C | REMATORY | 23d LOCAT | TIÓN | | 15.00 | UNIY | | STATE |
| | (2 | Burial | | 10-13 | 3-84 | New (| Cathedr | al | | timor | ce Ci | | | arv1 | and |
| | | NERAL DIRECTO | | | | 0 | 1220 | 25a. DATI | E REC'D. BY RE | GISTRAR | 75h REGI | STRAR | SSIGNAT | LIRE | |
| | Hu | ubbard I | umeral | Home, I | nc. 410 | 7 Wilke | ens Ave | . UU | 1111 | 984 | war | vautd | SON-A | - Pro- | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detoched for use as the burial transform. Then please remove carbon population with the State Dept of Health and Mental Highers print to burial, cremation, or removal IMPORTANT: If them 21 is marked as the state of the injury, or other traumatic event.



| The described for the property party of the | Storing of deformed by the control of the control o | ate State Part All Month United at Month United States and States | authorized base base on merounding and permit many proper and permit and permit of the |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGJENE

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| I | - STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | REC | . NO. | | | |
|-----|---|--|-------------------------|-----------|---|----------------------|-------------------|-------------------|--|--|
| Ī | DECEASED NAME FIRST (TYPE OR PRINT) | M | IDDLE | L | AST | 20 DATE OF DEAT | HINOM H | DAY YEAR | 76 HOUR | |
| | Mary Alic | e | LASAL | LE | | October | 6, 1984 | 1 | 11:15p M | |
| 13 | FEMALE | 4. RACE WHITE | | 5. DATE C | 2 ² 7 1902 | 6. AGE (INVEARS LAS | T BIRTHDAY) | MONTHS DAYS | HOURS MIN. | |
| 1 | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNS YLVANIA | 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI | | | D NEVER MARRIED DIVORCED | Baltimore County | | | | |
| 1 | ESSEX | (IF NOT IN SUCH | OSPITAL, NURSING | PITAL | 170 USUAL OCCUP (TYPE OF WORK FOR MC HOMEMA) | ST OF WORKING L | FET INDUSTRY | OF BUSINESS OR | | |
| 1 | USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COUN MD BALT | | | | | | | | 221 | |
| | 4. FATHER'S NAME FIRST | MIDDLE | WATCHEY | | 15. MOTHER'S MAIDEN NA | WE | E | 1/ | .S1 | |
| I | (YES, GO OR UNKNOWN) (IF YES, GIN | RMED FORCES? | 212/62/6 | | 17 INFORMANT MS.KAY PAUL | | | CROFT ARYLAM | | |
| 7 | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 190. DATE OF OPERATION | DUE TO, OR | | NCE OF | | TINAL DISEASE OR C | 20b. IF YE | VEN IN PART 1 | INGS USED | |
| 1 | T T | | | 2.05 | | YES NO | - | ES 🗌 | NO 🗌 | |
| - 1 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DE- | ATH HOUR A.A | A, MONTH DA | Y YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF | INJURY IN ITEM 18 | PART I OR PART 2) | | |
| ı | WHILE NOT WHILE AT WORK | | ET, FACTORY, OFFICE, FA | RM, ETC) | STREET | CITY C | RIOWN | COUNTY | STATE | |
| | 220. I certify that the this hosp sow the deceased alive on above. It (we) (did 1800) 226. SIGNATURE 226. MYSICIAN'S NAME TYPE Keith Englis | proj l | 19 | 84, or | nd that in My) (our) opinion DEGREE ATTENDING PHYSICIAN [27e ADDRESS 9000 Frank] | MEDICAL DIRECTOR PH | STAFF YSICIAN | ur and from the | that (X (we) lost e couses stated E SIGNED 6 8 4 | |
| 1 | | | | | | | | | 21201 | |
| | 230. BURIAL, CREMATION, REMOVAL | 23b. DATE | 23t. N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE | |

DHMH - 16 50M 4/83 (VRA 15, 4)

SLACK FUNERAL HOME

BP.

IMPORTANT: If them 21 is marked or Item 18 shaw any injury, or other traumatic event, the medic

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| | EVOIS . | | | 22 31 Statement Medical I |

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

| STATE OF MARYL |
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| DED A OTMENT OF HEALTH AND |

AND MENTAL HYGIENE

| | 1- | STATE REGISTRAR | DEPARTA | | ICATE OF DEATH | REG. NO |). | | |
|----|----------------|--|---|------------|---------------------------------|--|----------------------------|------------------|-------------------------------------|
| 1 | | CEASED NAME FIRST OR PRINT) | MIDDLE | 10 | LAWS) | 2a. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| ١ | 2 053 | layco | 1. RACE | 5. DATE C | OC DIOTH | 6. AGE (IN YEARS LAST BIRT | 84 | UNDER I YEAR | IF UNDER 24 HRS |
| | 3. SEX | M | \mathcal{B} | MONTH | | 84 | | VIHS DAYS | HOURS MIN. |
| d | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8. | | 9. BALTIMORE CITY O | R COUNTY OF | FDEATH | |
| 1 | | irginia | U.S.A | WIDOWE | | Baltimore | e, Cou | inty | MD. |
| | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | TOWSON | 120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Waterman | ON F WORKING LIFE} | industry!)yste: | r Shocke |
| 2 | USUA 130. S | | other institution, give residence before ITY 136. CITY OR TOW Baltime | N | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 2530 Euta | | 2/2 ce | 417 |
| 7 | 7 | FIRST | MIDDLE LAST | | FIRST | WIDDLE | - | LAS | T |
| 4 | | 'ederick VAS DECEASED EVER IN U.S. AR/ | Laws MED FORCES? 166. SOCIAL SECU | RITY NO | Mollie | ADDRE | | Bwis | 363 |
| 4 | - 17 | | F WAR OR DATES) | 9048 | Miss Doroth | Eutaw, Pl | ace B | alti. | .Md. |
| | | 18 CAUSE OF DEATH (Enter on | ly one couse per line for (a), (b), and | d jeur | 7- 1 | | | BETWEEN | MATE INTERVAL DNSET AND DEATH |
| Į, | | PART I. DEATH WAS CAUSE IMMEDIAT | E CAUSE (0) Rena | <u>_</u> | facture. | | | | |
| | | | DUE TO, OR AS A CONSTOUE | NCE OF_ | _ 0. | | | | |
| | | Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | NCE OF | he (a) | | | | |
| | NO | PART 2. OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERMIN | NAL DISEASE OR CON | OITION GIVEN | IN PART In | |
| 1 | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WIN CERTIFYIN | NG CAUSES | |
| | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH DA | YEAR | 21¢ HOW INJURY OCCURRE | ED (ENTER NATURE OF INJUR | IY IN ITEM IS PART | I OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR FO | WN | COUNTY | STATE |
| | | 22a.1 certify that (1 (this haspit saw the deceased give an above, (1) we) (did) did no | tal) attended the deceased fram_ 1919 | Car | nd that i (my) (our) apinion de | eath accurred on the do | ite and hour o | nd from the | tha (II) (we) last causes stated |
| - | | 22h. SIGNATURE | ulknerm | 0 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAP | F IAN 🗌 | 22c. DATE | SIGNED 7/84 |
| | | Dr. Kendall | | | 2300 Dulane | y Valley | Road. | Tows | on, Md. |
| | | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c N | | EMETERY OF CREMATORY | 23d. LOCATION | Richmo | | 10 |
| | B | WYIA! | | | n Baptst | Farnham | | OUNTY | Va. |
| | | UNERAL DIRECTOR Suge | | | | REC'D. BY REGISTRAR | 25b. REGISTRA | R'S SIGNAT | URE ' |
| | Lo | o Funeral Home | Ra Ber 531 Warans | v. Va | 22522 ART | 2 4 1664 2 | Ja Norich | Day | 1,00 |

to non 10. It is a few of the state of the s most sets of age a very set total a contract beaters Predoxion 19 12-2043 disconnect 237-12-2043 d F. zerdel (varidaen, pla. 1250) Michey Vellend. Power, la Figure 1 deith a thi . 1 18 GE\OIL

| | CEASED NAME FIRST | WIDDLE | EASURE | 20 DATE KNOWN XX | | HOUR |
|-----------------------|---|---|---|---------------------------------------|-----------------------------------|----------------|
| 3. SE | BARBAI 4 RACE | DATE OF BIRTH 16, AGE (1 | | RS. 2c DATE | | M |
| Es | MALE WHITE | MONTH DAY YEAR LAST BIR | THDAY) MONTHS DAYS HOURS MIN | PRONOUNCED | 0-12-849 1 | Hami' 0:50/ |
| 200 | REIGN COUNTRY) | U. S. A. | WIDOWED ☐ NEVER MARRIED WIDOWED ☐ DIVORCED | Baltimore C | | AAD. |
| 8 | TY OR TOWN OF DEATH | LIF NOT IN SUCH FACILITY, GIVE STREET ADDRE | OME, OR OTHER INSTITUTION 120. | USUAL OCCUPATION (TYPE OF V | | ESS |
| - SU | OWSON | St. Joseph's Hos | HSSION) | | 212.04 | |
| n | RYLAND BALTIS | | | 610 WIST J | OPPA ROAD | |
| 3 14. F | THER'S NAME | | 15. MOTHER'S MAIDEN N | | OTT NOTE | |
| 0 | PHILIP | E. LASURS | MicHEL | WIDDLE | LLENGOOC | 27 |
| 160. | VAS DECEASED EVER IN U.S. ARME ES, NO, OR UNKNOWN) (IE YES, GIVE WA | D FORCES? 16b. SOCIAL SECU | 1 | ADDRESS | | |
| | No | 216801 | 488 FAM.1 | M RECORDS | | |
| 0 | 18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B | ane couse per line far (a), (b), and (d). Narcotism | | | APPROXIMATE INTO | D DEATH |
| | IMMEDIATE | CAUSE (a) | or or | | | |
| | Canditions, if any, which | DUE TO, OR AS A CONSEQUEN | CE OF | | - F-3 F-0 | |
| 1 | gave rise to immediate cause (a) stating the under- | (b) | 20.00 | | | _ |
| | lying cause last. | DOE TO, OR AS A CONSEGUEN | CE OF | | ALC: NO. | |
| | PART 2 DTHER SIGNIFICANT CONDITIONS COM | NTRIBUTING TO DEATH BUT NOT RELATED TO THE | FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 | | | _ |
| Z | | | | | | |
| 7 \$ | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH O | PERATION WAS PERFORMED? | | 20 AUTOPSY? | _ |
| TE | | | | | YES X N | 10 🔲 |
| CH CH | 210 EXTERNAL CAUSE WAS | 216. TIME OF INJURY HOUR A.M. MONTH DAY Y | EAR 21c HOW INJURY OCCURRED (EI | NTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) | |
| | CONTRIBUTING CAUSE OF DE | ATH P.M. 19 | | | | |
| 7 3 | 21d INJURY OCCURRED | 21e PLACE ÖF INJURY (AT HOM STREET, FACTORY, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| MEDICAL | WHILE - NOT WHILE - | | | | | |
| MEDICAL CERTIFICATION | WHILE NOT WHILE AT WORK | | | | | |
| MEDICAL | | of the remains described above, held o | n Autapsy XI, Inspectian | , Inquiry , and in | my apinian | |
| MEDICAL | | | | , Inquiry , and in | my apinian | |
| MEDICAL | 220. I certify that I took charge of death resulted from: Notural | | Suicide Hamicide U | ndetermined manner . | | |
| MEDICAL | 220. I certify that I took charge o | | Suicide Hamicide U TITLE (SPECIFY) M.D. Assistant | MEDICAL EXAMINER | my apinian DATE 10-13-84 GIGNED | |
| MEDICAL | 220. I certify that I took charge of death resulted from: Notural ACTUAL SIGNATURE | causes . Accident . | Suicide , Hamicide , U TITLE (SPECIFY) ASSISTANT D. 111 Peni | ndetermined manner . | | |
| 230.1 | 220. I certify that I took charge of death resulted from: Notural ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Marg | causes Accident . Suicide Hamicide U TITLE (SPECIFY) M.D. Assistant .D. ADDRESS 111 Peni | medical examiner Street | DATE 10-13-84 SIGNED | |
| 730 [| 220. I certify that I took charge of death resulted from: Notural ACTUAL SIGNATURE CAME (TYPE OR PRINT) Mang | causes Accident . Suicide , Hamicide , U TITLE (SPECIFY) M.D. ASSISTANT .D. ADDRESS 111 Peni CEMETERY OR CREMATORY 23 | MEDICAL EXAMINER | DATE 10-13-84 GIGNED TO STATE | |

20M 4/82

5 1 1 4 /1/2/cl cc-1 2 111

Merc tire

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2, should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medico

with the Store uspectory is morked or frem 18 shows ony improved or frem 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ALL HYGLENE

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| 11 | - STATE REGISTRAR | | | | CERTII | FICATE OF DEATH | REG | . NO. | | 1 | | |
|---------------|---|------------------|--------------------------------|---------------------------------------|-----------|-----------------------------------|---|---------------|---|-----------|------------|----------|
| | ECEASED NAME PE OR PRINT) | FIRST | | MIDDLE | | LAST | 20. DATE OF DEATH | | DAY | YEAR O. 4 | 26. HOU | - |
| | | Lucil | | G. | Le | eatherman | | 1. | •8 | 84 | 6:2 | 25 Pu |
| 3. 51 | EX | | 4. RACE | | 5. DATE (| OF BIRTH H DAY YEAR | 6. AGE (IN YEARS LAS | T BIRTHDAY) | MONTHS | DAYS | IF UNDER | 24 HRS |
| V | Female | | Whi | te | O. | | 873 | YR | | UAIS | HOURS | period. |
| 7a. 8 | BIRTHPLACE (STATE | OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | | 9. BALTIMORE CIT | | | ATH | | |
| T | U.S. Mary | land | U.S. | | | D NEVER MARRIED | Do I trimo | ~ Co | **** | | | |
| - | CITY OR TOWN OF D | | | HOSPITAL NURSIN | WIDOW | ED DIVORCED DIVORCED DISTRIBUTION | Baltimo: | | | KIND OI | F BUSINE | MD. |
| | | | (IF NOT IN SU | CH FACILITY, GIVE STREET | ADDRESS) | rsing Center | (TYPE OF WORK FOR MO | ST OF WORKIN | G LIFE) IND | USTRY | | |
| USU | JAL RESIDENCE (IF N | 13b. COUN | | GIVE RESIDENCE BEFORE | | 136. INSIDE CITY LIMITS? | 132 STREET ADDRE | Fred | erick | Vi | Ila | |
| | Md. | Bal | | ISC. CITT OR TOW | 14 | YES NO NO | Nursing | Cente | r, 711 | AC | ader | ny Ro |
| 14. F | ATHER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | AME | a, | IVIC | - | 220 | |
| | Samue | | MIDDLE | Gord | | Sarah | MIDDE | | | ond | | |
| | WAS DECEASED EV | | MED FORCES? E WAR OR DATES! | 216-46-4 | | 17 INFORMANT Fred | erick Vi | Pass Nu | rsing | Ce | nte | |
| | NO | | | 210-40-4 | 301 | Baltimore, | Maryland | 2122 | | | | |
| | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) | | | | | | | | | 16-5 | | 2m |
| | DUE TO, OR AS ACONSEQUENCE OF | | | | | | | | | | | |
| | 6 100 | | DUE TO, C | R AS A CONSEQUE | NCE OF | te cardier -c | . 20 | · Landa | | 2. | N | |
| | Conditions, if or | mmediate | (b)_6 | pur as e | | e came -c | erer ve | £1260 | | | m | ,,- |
| 1 | couse (o), sto | iting the | DUE TO, C | R AS A CONSEQUE | NCE OF | | • | | | | | |
| | underlying cou | use lost. | (c) | | 100 | | | | | | | |
| 1_ | PART 2 OTHER SI | GNIFICANT | CONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERA | MINAL DISEASE OR C | ONDITION | GIVEN IN P | ART 110 | | |
| CERTIFICATION | | | | | | | | | | | | |
| 13 | 190. DATE OF OPER | RATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | YES, WERE | | | |
| I E | | | 1 | | | | YES TI NOT | _ | RTIFYING C | AUSES | NO T | |
| - 3 | 21g. ACCIDENT WAS I | UNDERLYING T | 1 216. TIME C | OF INJURY | | 21c. HOW INJURY OCCUR | | | | PART 21 | | |
| | OR CONTRIBUTING | CAUSE OF DEA | TH HOUR A | M. MONTH DA | AY YEAR | | (21121111111111111111111111111111111111 | | | | | |
| MEDICAL | (IF EITHER, NOTIFY M | | | .M. | 19 | | | | | | | |
| 9 | 21d. INJURY OCCU | JRRED | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM FIC) | 21f LOCATION STREET | CITY O | RTOWN | COL | INTY | S | TATE |
| 2 | AT WORK AT | WHILE WORK | | | | | | | | | | |
| | 22a.1 certify that | (1) (state hospi | tol) ottended th | ne deceased from | C | 2 10 7 | 9 10 Oct | 8 | 19.8 | 4. | hot (I) (- | we) lost |
| | sow the dece | osed olive on | ON 8 | 19 | 57.0 | nd that in (my) (opinion | | e date and | hour and fr | , | - 44 | , |
| | obave, (I) (| (did) (d | view the body | after death. | | | | | | | | 3100 |
| | 110. SIGNOOKE | 1 | 3 | 1 | 1 | DEGREE ATTENDING | MEDICAL S | TAFF | 120 | DATES | SIGNED | 0. |
| | dela | ar | restor | 4. | les | PHYSICIAN [| 1 DIRECTOR PHY | SICIAN | 6 | The l | 8,8 | -4 |
| | 224 PHYSICIAN'S | NAME TYPE O | R PRINT) | V / | | 22e ADDRESS | 1011 | 1.0 | | 2 | 1 | 0. |
| | VJOHA | 14/ | ESIS | ノナケイス | | 1029 Tredo | rech Ma, | Local | The same | 77 | C | |
| 230 | BURIAL, CREMATIO | N PEMOVAL | 23b. DATE | 122. 1 | JAME OF | DEMETERY OR CREMATORY | 236. LOCATION | | Ob I | <u>a</u> | 0 | |
| 230 | (SPECIFY) | , KEMOVAL | | 01 | | | CITY OR TOWN | 4 | COUNT | γ | | TATE |
| | Bur | ial | 10-12 | -84 L | orra | | | dlawi | | | _ | Md. |
| 100 | FUNERAL DIRECTOR | | | ADDRESS | | | TE REC'D. BY REGISTE | AR 25b. REC | GISTRAR'S S | IGNAT | JRE | |
| | MacNabb | Funer | al Hor | ne Cato | nsvi | lle Md OCT | 1 0 1094 | Julia | Davidson | ~- B | ndess | |

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

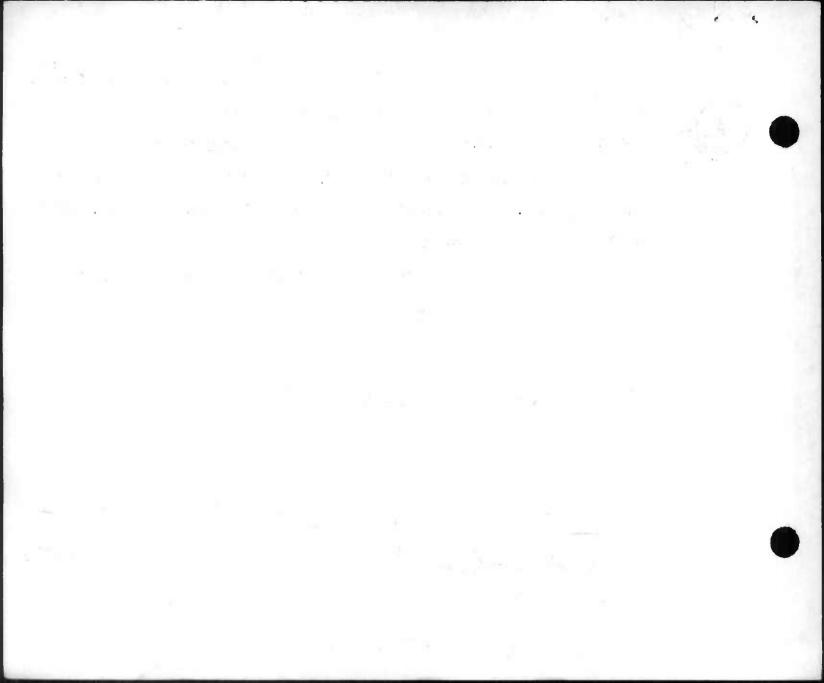
etained by the hospital or attending physician.

87 6:25 on Lucille G. Leathernan hito co ol 7 c.al H.S. Maryland u H.S. 1881 . Peltirore County rectric file rain center long relegios Villas Train Til 757 Con .oJIs Clares 201 611: case of the case cater AND THE PROPERTY OF THE PROPER

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| , | , | 1 | 1- | #5,6Fi | lmG59 | 8 12/3/ | | LENT OF H | OF MARYLAND EALTH AND MENTARHYS ICATE OF DEATH | TENE 2 C | 5 44 6 | 3 1 | |
|-------------|--------------------------------|-----|---------------|--|--------------|---------------------|---------------------------|------------|--|-----------------------------------|--------------------|-----------------------------|-------------------|
| | m.e | _ | | CEASED NAME OR PRINT) | FIRST | , | MIDDLE | U | AST | 20. DATE OF DEATH | MONTH DAY | YEAR 2 | 12:30 |
| y be | deo deo | | | | ALIC | | | | EGUM | OCTOBER | | 84 | М. А |
| 4 moy | 1 | | 3 SE) | FEMALE | | 4 RACE WHIT | re | 5. DATE O | ST 16, 1893 | 6. AGE (IN YEARS LAST BIR | MON | OTTO CHI TO TENIA | HOURS MIN. |
| Poge | A SA | 104 | n RII | RTHPLACE (STATE OR FO | DEFICIN | | WHAT COUNTRY? | AUGU. | 51 10, 1055 | 91- 9 BALTIMORE CITY O | R COUNTY O | FDEATH | |
| death. Page | N. N. | 11 | | LATVIA | | | S.A. | MARRIE | D NEVER MARRIED D | BALTIMOR | | | MD. |
| ofter d | 116 | 10 | | TY OR TOWN OF DEA | TH | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | R OTHER INSTITUTION | 12a USUAL OCCUPATI | ON | | BUSINESS OR |
| . 0 | 44 | 14 | _ | L RESIDENCE (IF NURSI | IC HOME OF | | CONVALESO | | NURS. HOME | HOUSEWIF | E | AT H | OME |
| 24 ho | filled outd by | b | 13e. S | | 136 COUN | TY | BALTIMO | N I | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 2401 WILL | | N DR. # | 21209 |
| . Pri | 2 sh | 5 | _ | THER'S NAME | | AIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | MÉ | 0 0 | | 21202 |
| 3 | ond | | | UNKNOWN | , | MIDDLE | DUBICK | | FIRST | UN KNOWN | | LAST | |
| ecute | 0 0 | | | AS DECEASED EVER I | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDRE | SS | | |
| 0 | Poges | / | | O OKUNKNOWN) | (# TES, GIVI | WAR OR DATES | 216-09-3 | 339D | EDWARD LEGUM | 2401 WILLO | W_GLEN_ | DR 21 | 209 |
| ote b | popers ovol. | | | 18 CAUSE OF DEATH | l Enter on | y one couse per | | | | | | | ATE INTERVAL |
| thfice | рнуѕ | | | PART I. DEATH WA | | DBY: E CAUSE (0) | PRIE | RIO | SCLOROS | 15 | | | |
| P. Ce | tending e carbo on, or r | | | | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | |
| deot | remove cemotion, | | | Conditions, if ony, | | (b) | | | | | | | |
| of the | Y 0 0 4 | 5 | | gove rise to imm couse (a), stating underlying couse | g the | | R AS A CONSEQUE | NCE OF | | | | | |
| tes ‡ | 0 0 0 | 5 | _ | PART 2 OTHER SIGN | IFICANT C | ONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| redir | t. The | | CERTIFICATION | BRONG | CHI | 75/ | PUSSIE | 366 |) | To the second | Tan Inves | (FOF FINANCE) | |
| 30 | permit. T | 0 | FICA | 190 DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | WAS PERFORMED | 208 AUTOPSY? | IN CERTIFYIN | VERE FINDING NG CAUSES O | F DEATH? |
| The | - 0 0 | 7 | ERTI | 71a ACCIDENT WAS UNDI | ERIVING F | 21b. TIME O | E INTITION | | 21c HOW INJURY OCCURR | YES NO | YES [| | NO 🗌 |
| Dhys | O O T a | | | OR CONTRIBUTING C | _ | 110110 4 | M. MONTH DA | Y YEAR | 210 HOW INJOK! OCCORR | LED LENTER NATURE OF INJUI | RY IN ITEM IS PART | I OR PART 2) | |
| YSIC | verial-t | | MEDICAL | (IF EITHER NOTIFY MEDIC | | 21e PLACE | | 19 | 211 LOCATION | | | | |
| C PH | E | | ME | WHILE NOT WHI | LE 🗍 | (AT HOME, STE | PEET, FACTORY, OFFICE, FA | ARM, ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| Zo | se os the | | | 22a I certify that (1) | | attended th | e deceased from_ | | 1982 | - 10 OCT. | 19 19 | 84 th | ot (1) (arr) lost |
| TTEN | for u | 2 | | saw the decease above, (1) (waste | d olive on, | OCT | 195 | 4. or | d that in (my) (application of | death accurred on the de | ate and hour a | nd from the co | uses stated |
| A A | IREC hed ept. | 5 | | 226. SIGNATURE | | view the body | offer death. | | PEGREE | | | 224 DATE S | GNED / |
| AL C | detoc ote D | | | then | A | un | 1. 2. | ME | ATTENDING Y | MEDICAL STAI | | 101 | 19174 |
| OSPITA | m e co | 1 | | 22d PHYSICIAN'S NA | ME TTPE O | PRINT) | 0 | 12-17 | 22e ADDRESS | | | 1 | 11-1 |
| I | | 5 | | DR. TA | N SIIN | ISHTNE | | | 6210 PARK | HEIGHTS AVI | C | | |
| 5 a | O de se | 3 | 23a. B | URIAL, CREMATION, F | | 23b. DATE | 23c. N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | | OUNTY | STATE |
| BP. | | | | BURIAL | | 10/21 | /84HEI | BREW | YOUNG MENS CEM | 1 BALTIMORI | Ē. | MARY | LAND |
| DHMH - | 16 50M 4/8 | 33 | 24 FL | O10 REISTE | OL LE | VINSON | & BROS., | INC. | 25a DAT | | 25b. REGISTRA | R'S SIGNADO | Endals. |
| (VR. | A 15, 4) | _ | 6 | 010 REISTE | RSTO | INRD. BA | LTIMORE', | AARY LA | AND 21215 | 1 2 1004 | | | |
| | | | | | | | | | | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AS HY CHENE CERTIFICATE OF DEATH

STATE REGISTRAR 7a. DATE OF DEATH DECEASED NAME FIRST MONTH Th HOUR TYPE OR PRINT E. 20 84 Loftus 10 10:05 Margaret # UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 3 SEX HOUR5 1918 Female White 66 70 BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland U.S.A. WIDOWED DIVORCED | Baltimore County, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Sales Clerk INDUSTRY 7602 Meadow Way, Dundalk Dept. Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Dundalk Maryland 7602 Meadow Way, 21222 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ALICIDILE William Wright R. Collins Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Dundalk Ave. Balto., MD. 21222 No 219-10-4617 John Arnick APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON YES [NO [] 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 MEDIC 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an June 9 and that in (my) (am) opinion death occurred on the date and hour and from the causes stated above, (1) (washid) (did not) view the body after death. 22h SIGNATURE DEGREE 77r DATE SIGNED ATTENDING MEDICAL STAFF . PHYSICIAN | DIRECTOR | PHYSICIAN | 224. PHYSICIAN'S NAME ITYPE OF PRINT 77e ADDRESS undalkare Balto 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE CITY OF TOWN Burial 10/24/84 Oak Lawn

DHMH - 16 50M 4/83 (VRA 15, 4)

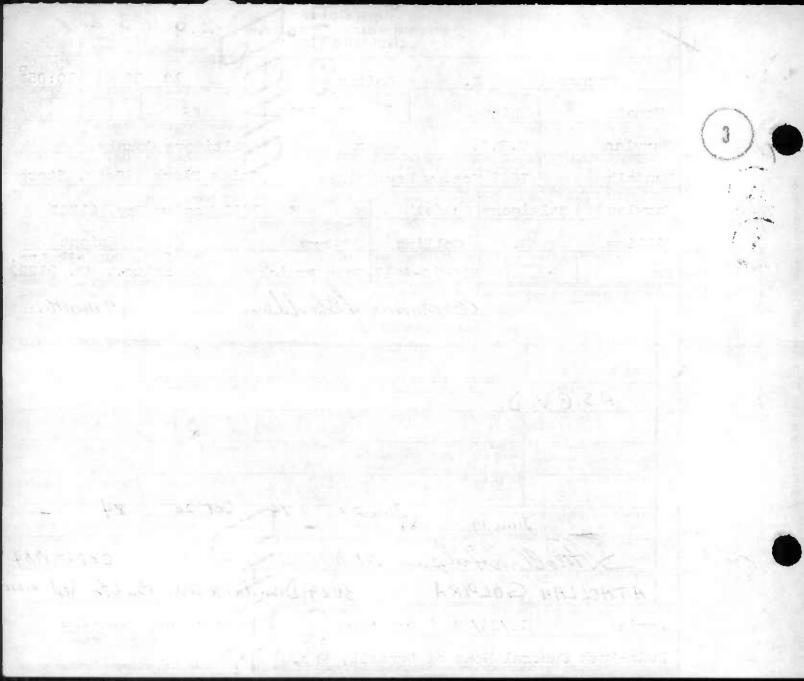
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IMPORT,

24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATION Duda-Ruck Funeral Home of Dundalk, Inc

Baltimore, Maryland



requires that the death certificate be executed within 24 hours

ATTENDING PHYSICIAN The low

TO HOSPITAL O

retained by the hospital ar attending physician.

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letely filled in by the funeral of d 2 should be filed within 72 ha

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYBIENE

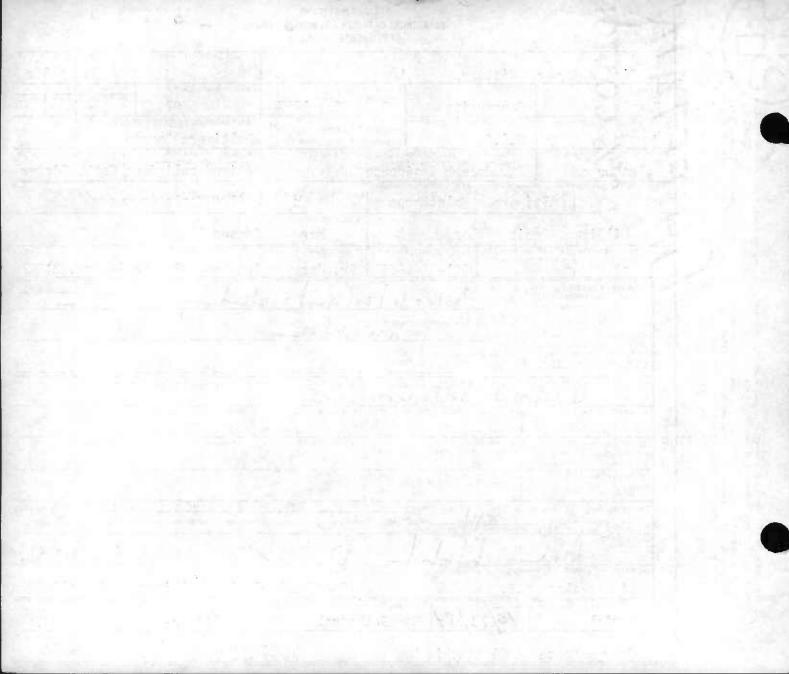
| 1 | - STATE REGISTRAR | | DET ARTI | CERTIF | ICATE OF DEATH | REG. N | 10. | 1,1 | | |
|---------------|---|--|--|------------|--|---|-------------------------------------|------------|---------------|-----|
| | ECEASED NAME FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | |
| (11) | Sister Mary | Victo | ry | Long | | MOT B | 10 -20- | 84 | 9:15 | a " |
| 3. SI | | 4. RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BIR | RTHDAY) IF UN | DER 1 YEAR | # UNDER 24 H | 1RS |
| | Female | Caucau | sian | 2 MONTH | 22 ^{AY} 1887 | | 97 YRS MONTH | HS DAYS | HOURS M | 121 |
| Fo. F | SIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | | 9 BALTIMORE CITY | | DEATH | | |
| | 'SW York | U.S.A. | | MARRIE | D NEVER MARRIED (X) | Baltimore | County | | | *** |
| J0. C | CITY OR TOWN OF DEATH | 11. NAME OF | | IG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | ION 12 | b. KIND (| OF BUSINESS | OR |
| | alethorpe | St. Jo | seph Res | idence | | (TYPE DEWORK FOR MOST PETTED TE | Tigious | Cath. | . Siste | er |
| 130 | | timore | Halethor | pe | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS | le Avenue | 2/ | 22 | 7 |
| 14 F | ATHER'S NAME William Do | enis | Long tast | | Mary | Cogane MIDDLE | \$ 0 B | LA | ST | |
| | WAS DECEASED EVER IN U.S. AF | RMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | 41.6 | | |
| | NO | | 191-40-5 | 5456 | Sr. Mary Reg | ina Long 4 | 100 Maple | e Ave | 2.,2122 | 27 |
| | 18 CAUSE OF DEATH (Enter o | nly one couse per | line for (QI, (b), one | diciil | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | ТН |
| | PART I. DEATH WAS CAUSI | ED BY: TE CAUSE (0) | ·tastro | mr | a funta | leading | | 5 | ~~ | |
| Z | Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2_OTHER SIGNIFICANT. | (c) | R AS A CONSEQUE | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN IN | PART I | 01 | |
| CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH O | | | | NIWAS DEDECRATED | 20a AUTOPSY? | PSY? 206 IF YES, WERE FINDINGS USED | | | |
| 5 5 | THE DATE OF OFERATION | 176 COND | MONTOR WINCH | OFERATIO | IN WAS PERFORMED | | IN CERTIFYING | | | |
| E | 71a ACCIDENT WAS UNDERLYING T | 7 21b. TIME C | SE INTURY | | Tal- HOW MILLIAN OCCUPA | YES NO | YES [| | NO 🗌 | |
| | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A. | M. MONTH DA | YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJL | IRY IN ITEM 18, PART 1 C | OR PART 2} | | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC.) | 211 LOCATION STREET | CITY OR TO | wn co | OUNTY | STATE | |
| 1 | 220.1 certify that (1) this hasp saw the deceased alive or above, (1) two, (did) (did) in | xel | Mr 19 | Ste.or | nd that in (my) (our) opinion o | to to OC | late and hour and | from the | that (I) (we) | |
| | 22b. SIGNATURE | The state of the s | | | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | FF | 22c DATE | SIGNED V281 | 4 |
| | 22d. PHYSICIAN'S NAME (TYPE C | | | | 22e. ADDRESS | | | | | 1 |
| | Aidan Walsh, | M.D. | | | 333 St. Pau | 1 Pl., Bal | timore, N | Md. | 21202 | |
| | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | 1 0011 | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN Baltimo | | | STATE Md. | |
| 24. F | UNERAL DIRECTOR | | ADDRESS | | 25a. DATE | REC'D, BY REGISTRAR | 25b. REGISTRAR'S | SIGNAT | URE | |
| | George Gonce | 4001 F | Ritchie H | wy | OCT | 23 1984 | Lavido | 3007-17 | indella | 3 |

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked a li



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove corbonoppers. Pages, I and 2 swith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the

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| | STATE OF MARYLA |
|---|--------------------------|
| P | DEPARTMENT OF HEALTH AND |

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

26484

| 1 | 1 - | STATE REGISTRAR | | CERT | IFICATE OF DEATH | REG. NO. | | |
|---|------------------|--|----------------------------|--|----------------------------|--|-----------------------------------|------------------------------------|
| ł | I. DEC | TAIGED LANGUE | IRST A | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| 1 | (TYPE C | OR PRINT) | ILMER | L. | -ONG | 10.11.84 | | 3254 |
| ı | 3. SEX | | 4. RACE | | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN. |
| | | Male | Whit | e Ma | | 94 YR | | MIN. |
| J | | THPLACE (STATE OF FORE | IGN 76. CITIZEN OF | WHAT COUNTRY? 8. | IED NEVER MARRIED | 9 BALTIMORE CITY OR COU | NTY OF DEATH | |
| 1 | | aryland | U.S. | | | Baltimore city or coul Baltimore KXXXXXXXX | County, | MD. |
| 4 | and the same | Y OR TOWN OF DEATH | | HOSPITAL, NURSING HOME | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | 12b. KIND (| OF BUSINESS OR |
| 2 | Ra | andallstov | | | en. Hospital | | | culture |
| 7 | 1 SUA 13a, ST | | HOME OR OTHER INSTITUTION. | GIVE RESIDENCE BEFORE ADMISSIO | 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP C | ODE | |
| 5 | | | | Rocky Ridg | | unknown | / 217 | 778 |
| 1 | | THER'S NAME | | | 15. MOTHER'S MAIDEN NA | ME | | SI |
| | / | John | MIDDLE S. | Long | Emma | Imogene | | llips |
| 5 | | AS DECEASED EVER IN | U.S. ARMED FORCES? | 166 SOCIAL SECURITY NO | | ADDRESS | | 21161 |
| 4 | JYI | ES, NO OR UNKNOWN) (| IF YES, GIVE WAR OR DATES) | 220-54-668 | O Mrs. Imoge | ene Yaste, Rei | | |
| | | | Enter only one cause per | line far (a), (b), and (c).) | 0,112,00 | | APPRO BETWEEN | XIMATE INTERVAL ONSET AND DEATH |
| | | PART I. DEATH WAS | CAUSED BY: | | Sepsis. | | | |
| | | 1/0 | | | | | | |
| | | Conditions, if ony, w | | | | | | |
| | - | gove rise to immed | diote | R AS A CONSEQUENCE OF | | | | |
| 1 | | | lost (c) | K AS A CONSEQUENCE OF | | | | |
| | | PART 2. OTHER SIGNIF | ICANT CONDITIONS CO | ONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION | GIVEN IN PART 1 | (0) |
| | NO. | With the Control | | | | | | |
| ī | CERTIFICATION | 19a DATE OF OPERATIO | IN IN COND | ITION FOR WHICH OPERAT | ION WAS PERFORMED | | FYES, WERE FIND RTIFYING CAUSE | |
| | E | | 200 | | | YES NO | YES 🗌 | NO 🗌 |
| 1 | | 21a. ACCIDENT WAS UNDER | A CLOSE A | OF INJURY | | RED (ENTER NATURE OF INJURY IN ITEM | A 18 PART T OR PART 2) | |
| 1 | AL. | OR CONTRIBUTING CAU | DE OF DEATH | .M. 1 | 1 | | | |
| | MEDICAL | 21d. INJURY OCCURRED | LAT HOME ST | OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| ì | > | AT WORK AT WORK | | | | | No | |
| | | | nis hospital) attended th | e deceased from | 19 80 | 10 10 11 | 19 04 | , that (we) last |
| | 19 | sow the deceased obove, (1) (we) (did | olive an | ofter deoth. | | death occurred on the date and | | |
| | | 726 SIGNATURE | 1 | 20 | DEGREE ATTENDING | MEDICAL STAFF | 22c DAT | E SIGNED |
| | | 0 | 191001 m | 201 | PHYSICIAN [| DIRECTOR PHYSICIAN | 10 | 11.84 |
| | | THE PHYSICIAN'S NAM | E (WATOR PRINT) | - | 22e ADDRESS | Connin | Carr | HOORTAL |
| | 4 | X871 | ADURG | GOVINDA) | RAG POHCT | COON 14 | QNL | 1 303/1 1790 |
| | | URIAL, CREMATION, RE | MOVAL 23b. DATE | 23c NAME O | F CEMETERY OR CREMATORY | 23d. LOCATION CITY OF TOWN | COUNTY | STATE |
| | L | Burial | 10/15 | 5/84 Mt. | Tabor Cemter | | | |
| | 24. FL | JNERAL DIRECTOR | 104 | 4 E. ADMain S | treet 250. DA | | GISTRAR'S SIGN | ATURE |
| | G. | | Stauffer, | Thurmont, MD | . 21788 UC | 1 1 3 HH4 gruha | Davidon-1 | - |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital or ottending physician.

WILLIAMS IL. OCT 15 084 Junior Worker

FOR

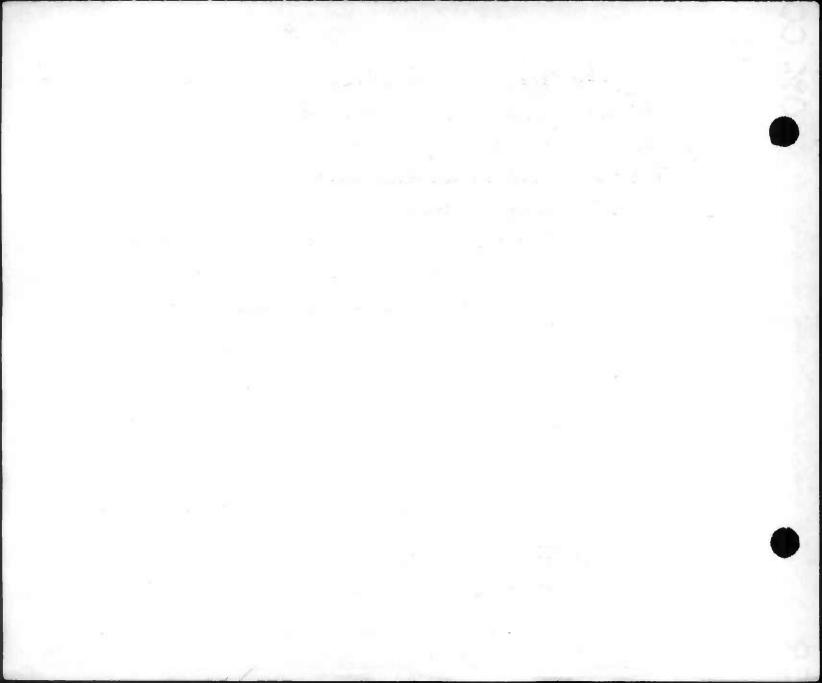
| STATE OF MARYLAND |
|---------------------------------------|
| DEPARTMENT OF HEALTH AND MENTALHYGIEN |
| CERTIFICATE OF DEATH |

5 8 2 6

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | Ο. | | |
|-----------------------|---------------------------------------|---|--|--|---|--|--|---|---|--|
| | DECEASED NAME | NEST | v = | MIDDLE | LAS | KO DA | 20. DATE OF DEATH | MONTH D | YEAR | 2h. HOUR |
| 1.5 | SEX | NFUIS | 1 RAPE | | S. DATE (| | 6. AGE (IN YEARS LAST BIR | | F UNDER I YEAR | IF UNDER 24 |
| | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | 76. CITIZEN OF WHAT COUNTRY? | | MONT | 7-16-13 YEAR | 71 | YRS. | MONTHS DAYS HOURS A | |
| 76. | | | | | . B MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| 11 | Md. | | USA | | WIDOWI | DIVORCED [| Towson Balto. Md. | | | |
| 10 | CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSIN | | | OR OTHER INSTITUTION | 126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | F BUSINES |
| | owson | 5 | STEILA | | Hospic | E CDIZE | Ret. Tai: | lor | | |
| US 13e | UAL RESIDENCE (# NU | RSING HOME OR 13b. COUN | OTHER INSTITUTION, | 134. CITY OR TOW | RE ADMISSION) | 113d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | 1) | 201 |
| 11 | Mđ. | Balti | more | Baltim | ore | YES NO X | 5611 Whit | | ad all | 206 |
| 12111 | FATHER'S NAME FIRST | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | WE | | LAS | .1 |
| 9/ | Henry | | Budac | z | | Cecelia | Į. | Varczyr | | |
| | (YES, NO OR UNKNOWN) | | MED FORCES? | 166 SOCIAL SECT | URITY NO. | 17 INFORMANT | ADDR | SS | | |
| / | no | 1. 7.5.01 | t wan on bares, | 215-09-7 | 594 | Mrs. Caroly | Rosenberge | er same | 9 | |
| | II CAUSE OF DEA | TH (Enter on | ly one cause per | line foldo) (b), or | nd (c).) | 7 |) | - | BETWEEN | MATE INTERV |
| | underlying cou- | se lost. | (c)_ | r as a consequ | JENCE OF | | | | | |
| TION | PART 2 OTHER SIG | GNIFICANT C | (c)CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | | | | |
| 2 TIFICATION | PART 2 OTHER SIG | GNIFICANT C | (c)CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO | 20b. IF YES, | WERE FINDIN | NGS USED |
| CAL CERTIFICATION | PART 2 OTHER SIG | ATION NIDERLYING [] CAUSE OF DEA | 19b COND 19b TIME COND 17th HOUR A. | DATRIBUTING TO | DEATH BUT | | 700 AUTOPSY2 | 20b. IF YES, IN CERTIFY YES | WERE FINDING CAUSES | OF DEATH |
| MEDICAL CERTIFICATION | PART 2 OTHER SIG | ATION NDERLYING COLOR OCAUSE OF DEA DICALES AMINER RRED | 19b. COND 19b. COND 19b. TIME COND 17th HOUR A. 17th P. 17te PLACE | DNTRIBUTING TO | DEATH BUT H OPERATIO DAY YEAR 19 | ON WAS PERFORMED | 700 AUTOPSY2 | 20b. IF YES, IN CERTIFY YES | WERE FINDING CAUSES | OF DEATH |
| 1 /3 | PART 2 OTHER SIG | ATION NDERLYING CAUSE OF DEA DICAL EXAMINER RRED OR () (this hospi) | 19b. COND 19b. COND 19b. TIME C HOUR A. 19b. P. 21e. PLACE (AT HOME, STI | DNTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. The deceased from | DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.) | 214 HOW INJURY OCCUR | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJU | 20b. IF YES, IN CERTIFY YES RY IN ITEM IB PA | WERE FINDING CAUSES IT I OR PART 2) COUNTY | NGS USED OF DEATH NO STA |
| MEDICAL MEDICAL | PART 2 OTHER SIG | ATION NDERLYING CAUSE OF DEA DICAL EXAMINER RRED OR () (this hospi) | 19b. COND 19b. COND 19b. TIME C HOUR A. 11e. PLACE (AT HOME, STI | DNTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. The deceased from | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) | 211 LOCATION STREET 211 LOCATION STREET And that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [| 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJU | 20b. IF YES, IN CERTIFY YES RY IN ITEM IS PA | WERE FINDING CAUSES COUNTY 9 Grant from the 22c. DATE | NGS USED OF DEATH NO [] STA that III (we |
| MEDICAL MEDICAL | PART 2 OTHER SIG | ATION NDERLYING CAUSE OF DEA DICAL EXAMINER RRED I) (this hospi ssed olive on (did) (did no | 19b. COND 19b. C | DNTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. The deceased from | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) | 211 LOCATION STREET 7 19 7 19 7 19 7 19 7 19 7 19 7 19 7 1 | 206 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR IC to Post of the death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occur | ZOB. IF YES, IN CERTIFY YES RY IN ITEM 18 PAI OUT | WERE FINDING CAUSES COUNTY 9 84 Ond from the 22c. DATE Oct. 6 | NGS USED OF DEATH NO STA that (we couses state SIGNED |
| WEDICAL MEDICAL | PART 2 OTHER SIG | ATION NDERLYING [] CAUSE OF DEADICAL EXAMINER RRED ORK I) (this hospinassed olive on (did) (did no) NAME (TYPEO Faul | 19b. COND 19b. C | ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. The deceased from the deceas | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) | 211 LOCATION STREET 211 LOCATION STREET And that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [| 700 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR IC to 10 - 6 - deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC TOWSON, Me | ZOB. IF YES, IN CERTIFY YES RY IN ITEM 18 PAI OUT | WERE FINDING CAUSES COUNTY 9 84 Ond from the 22c. DATE Oct. 6 | NGS USED OF DEATH NO STA that (we couses state SIGNED |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP_



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | F. C. | REG. NO. | |
|---|----------------|------------------------|--------------------------|-------------|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| DECEASED NAME (TYPE OR PRINT) | first Char | | Roy Lou | | slager Sr. | 2a. DATE OF DE | ober 19 1984 | 7:33 P |
| 3. SEX | | RACE | | 5. DATE C | OF BIRTH | AGE (IN YEARS | LAST BIRTHDAY) IF UNDER | |
| Male | | Caucasia | an | Octo | ber 6 1909 | 75 | YRS. | DAYS HOUSE MIN. |
| To. BIRTHPLACE (STATE O | R FOREIGN 7 | | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE | CITY OR COUNTY OF DEA | TH |
| COUNTRY) | | United : | States | WIDOWE | | Balt.imor | re County | M |
| 18. CITY OR TOWN OF DE | EATH | 1. NAME OF | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCC | | IND OF BUSINESS OF |
| Randallstown | 200 | Production of the last | re County G | | Hospital | Builder | MOST OF WORKING (IFE) INDO | ISIKT |
| USUAL RESIDENCE (# NU 130 STATE | | THER INSTITUTION, | GIVE RESIDENCE BEFORE | ADMISSION) | | | RESS / ZIP CODE | |
| Maryland | Baltin | | 13c. CITY OR TOW | | 13d. INSIDE CITY LIMITS? YES NO X | The state of the state of | roset Road | 21133 |
| SE FATHER'S NAME | | | | 00141 | 15. MOTHER'S MAIDEN NA | ME | | |
| Mr. George W | . Louder | slager | LAST | | Mrs. Katherir | | NDDEE | LAST |
| 166 WAS DECEASED EVE | | NED FORCES? | 166 SOCIAL SECU | IRITY NO. | 17. Miss. Helen | J. Loudens: | ADDRESS Iager | 21133 |
| No | (# 10.5.011 | THE OR DATES! | 217-07-5 | 373 | 9203 Samoset | Road | Randallstown | Maryland |
| gave rise ta ir cause (a), stat underlying cau | ing the | DUE TO, O | R AS A CONSEQUE | ENCE OF | HEART | Dista | Tie- | |
| PART 2 OTHER SIG | GNIFICANT CO | ONDITIONS CO | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE O | R CONDITION GIVEN IN PA | ART Iro |
| 5 POST- | TRAN | STUCIS | ~ Hop | ATIZ | tic ' CHRA | NIE. | DOWN TO | i'lugar |
| POST- INL DATE OF OPER 216. ACCIDENT WAS U | ATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPS | 20b. IF YES, WERE | FINDINGS USED AUSES OF DEATH? |
| HE . | | | | | | YES N | O YES | NO [|
| OR CONTRIBUTION | CAUSE OF DEAT | 77 | FINJURY M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE | OF INJURY IN ITEM 18 PART TORP | ART 2) |
| (IF EITHER NOTIFY ME 21d. IN JURY OCCU | | 21e. PLACE | OF INJURY | | 211 LOCATION | - | ITY OR TOWN COU | NIY STATE |
| Al WORL ALM | NOTICE | (AT HOME, STE | REET, FACTORY, OFFICE, F | FARM, ETC) | STREET | - | A Ja | SIAIC |
| 22a.1 certify that (saw the dece abave. (1) (we) | ased alive an_ | 100 | 19 195 | 4/ . | nd that in (my) (aur) apinian | death accurred a | n the date and haur and fro | m the causes stated |
| 226. SIGNATURE | The | 2 | | | DEGREE ATTENDING | MEDICAL DIRECTOR | STAFF | DATE SIGNED |
| 22d PHYSICIAN'S I | VAME (TYPE OR | PRINT) | | | 22e. ADDRESS | _ OWECTOR [| THIOCIAIT | |
| ORIASA | 0 3 | CONA | M (may | D | BQ64 A | RANDALIS | stown my | 2/133 |

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 10-22-84 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

23b. DATE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Wards Chapel Cemetery Randallstown Baltimore Maryland

23d. LOCATION

a Tavidson-Rankette

| and the second | be N. Louds's | es mare | |
|--|--------------------------------------|--------------------------|-------------------|
| 50° i | sheddoff faith | most | of all |
| ShakO vindalisi. S | | of 21 | bristy of |
| entract into anything | on County Deneral Ho | ldfafi | social laboration |
| TE SEN SECRET BOOK SEN | nativities | Publisher | lastrati |
| Pro. Satisardan E. Pranco Plan. Holen J. Londensky per 2015 | | masterebool . | egroo0t/ |
| Pensi Problished Inof decemb 2000 | an Viv | | oi. |
| The state of the s | AMERICAN | | |
| management of the control of the con | 7.2525 | And Christian | 160 |
| | | | |
| and the second second second | 1/2- 4 | | |
| | | | 0 |
| STATE OF THE STATE | Gat Sens A | | and the |
| Open carrie of materials and recognized in | Hind State Con Roard Director, In | 10-22 Acritics Person | Date H.F. |

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

ottending physicion.

etoined by the hospital or

TO HOSPITAL

executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL UVCHENE

| | - STATE REGISTRAR | | CERTIFICA | TE OF DEATH | REG. N | 10. | |
|-------------------|--|---|---|---|--|----------------------------|--|
| | CEASED NAME FIRST | MIDDLE | LAST | ++ | 20. DATE OF DEATH | MONTH DAY | YEAR 26. HOUR |
| | Bla | nche J. | Lyce | 115 | | 10 17 | 84 10:40 M |
| 3. SE | | 4. RACE | 5. DATE OF BIR | | 6. AGE (IN YEARS LAST BI | RTHDAY) IF U | NDER I YEAR IF UNDER 24 HRS |
| | Female | White | April 4 | 1, DAY 1901 YEAR | 83 | YRS. | |
| | RTHPLACE (STATE OR FOREIGN COUNTRY and | 76. CITIZEN OF WHAT COUNT | MARRIED WIDOWED | NEVER MARRIED | Rand | or COUNTY OF | DEATH MD |
| | Randallstown | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES') | | Randalstr | 120. USUAL OCCUPAT (THE OF WORK FOR MOST) | ION DEWORKING LIFE) - I | 126. KIND OF BUSINESS OR INDUSTRY |
| 130. S | ryland Bala | | TOWN 13d YES | INSIDE CITY LIMITS? | | oy Rd.Ti | 21093 imonium, Md. |
| 14. FA | ATHER'S NAME John | MIDDLE LAST | diford 15. N | MOTHER'S MAIDEN N | un —— | | King |
| | VAS DECEASED EVER IN U.S. A YES, NO OR UNIONOWN) (IF YES, G | RMED FORCES? 166 SOCIALS SIVE WAR OR DATES) 217–48 | | NFORMANT | ycett, Same | | 2 |
| 7 | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT | DUE TO, OR AS A CONSE | | RELATED TO THE TEF | RMINAL DISEASE OR CON | IDITION GIVEN | IN PART 1(0) |
| ATIO | 190 DATE OF OPERATION | 196 CONDITION FOR WH | TICH OPERATION WA | AS PERFORMED | 20e AUTOPSY? | | ERE FINDINGS USED G CAUSES OF DEATH? |
| LIFIC | | | | | YES T NOT | YES [| NO |
| CAL CERTIFICATION | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN | | DAY YEAR | HOW INJURY OCCU | YES NO | YES [| NO [|
| MEDICAL CERTIFIC | OR CONTRIBUTING CAUSE OF D | EATH HOUR A.M. MONTH | DAY YEAR 19 211. | LOCATION STREET | | YES [| NO [|
| | OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHITE NOT WHITE AT WORK AT WORK 22a.1 certify thop-(1) (this hop sow the decreed drive of obove, (1) Km and the decreed of the obove, (1) Km and the obo | P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | DAY YEAR 19 211. om 29 19 19 19 19 19 19 19 19 19 19 19 19 19 | LOCATION STREET 19 19 19 19 11 in (my) (1000) opinio | IRRED (ENTER NATURE OF INJU | YES | ORPART 2) COUNTY STATE thorval (we) lost of from the couses stated |
| | OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify thosel. (14his-hose) | HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF | DAY YEAR 19 211. om 29 19 DEGR | LOCATION STREET 19 79 of in (my) (bed) opinio | CITY OF TO | YES DRY IN ITEM 18, PART I | OR PART 2) COUNTY STATE Thornum (we) lost |

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, the

IMPORTANT: If hem 21 is marked or hem 18 shows any

Durial Vct. 20, 1984 Meadowridge Mem. Park

14. FUNERAL DIRECTOR

Mc Willy Funeral Home, 130 & Foods Ave. Balto. Md.

OCT (VRA 15, 4)

and the state of the second of

that the death certificate be

OR ATTENDING PHYSICIAN. The for

TO HOSPITAL

etained by the hospital or attending physician.

STATE OF MARYLAND

| 1 | 1- | STATE REGISTRAR | | | DEPART | | ICATE OF DEATH | REG. N | 0 | 0 0 | |
|---|----------------|--|--------------|------------------------|-------------------------|-------------|-------------------------------|---------------------------|-------------------|---------------------|---|
| h | . DEC | EASED NAME | FIRST | | MIDDLE | l | AST | 2a. DATE OF DEATH | MONTH DA | Y YEAR | 2h HOUR |
| | (TYPE | OR PRINT) | ERT | HA | D. | m | ACK | OCT. | 16,1 | 1984 | 8 AM |
| Г | 3. SEX | | | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | | UNDER I VEAR | IF UNDER 24 HRS |
| | | F | | n | / | MONTH | 14 7/14 YEAR | 70 | YRS | INTHS DAYS | HOURS MIN. |
| | | RTHPLACE (STATE OR F | OREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 MADDIE | NEVER MARRIED | 9. BALTIMORE CITY | R COUNTY C | FDEATH | |
| 7 | | MP. | | U.S | A | WIDOWE | | BALTO | Co | UNT | J MD. |
| 1 | 10. CI1 | TY OR TOWN OF DEA | ATH | | | | R OTHER INSTITUTION | 120 USUAL OCCUPAT | | | F BUSINESS OR |
| 4 | MI | OPLE RIVE | R | 15 13 | CHESA | PEAK. | E RD. | HSWL | | INDUSTRY | |
| - | USUA 13a. S | L RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 131 INCIDE CITY CIANTES | 13e. STREET ADDRESS | | 21 | 220 |
| 7 | 130. 5 | MD | BI | | A | RIVER | YES NO P | 1513 CH | ESAPE. | AKE | RD |
| T | | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | WE | | | |
| 1 | - | ERNEST EST | | VL | RICH | | BERT | THA | | NE | |
| | | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDRE | | | |
| L | | NO | (11 103, 011 | t was on onless | 219 22 | 6401 | ERNEST | MACK | A | BOU | |
| I | | 18 CAUSE OF DEAT | H (Enter an | ly ane cause per | line for (a), (b), and | d (c s) | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| 1 | | PART I. DEATH W | | TE CAUSE (D) | INAN | 317 | 102 | | | SEVER | AL YEAR |
| 1 | | | | DUE TO, O | R AS A CONSEQUE | NCEOF | | | | ** | W-AA. |
| 1 | | Conditions, if ony, | | (ıb) | HY | PERT | N012W3T | | | " | YEARS |
| 1 | | gave rise to imm cause (a), statin | ig the | DUE TO, O | R AS A CONSEQUE | NCEOF | | | | | VICAA |
| 1 | | underlying couse | lost. | ((c) | R AS A CONSEQUE | TBE | TES. | | | | 100C |
| 1 | 7 | | | - | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN | IN PART 10 | 5 |
| | CERTIFICATION | | 0~6 | | | | | | Tan in time | | |
| 4 | FICA | 190 DATE OF OPERA | - | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | IN CERTIFY | WERE FINDING CAUSES | OF DEATH? |
| | E | | | 7 011 71115 0 | F INTERPO | | Tay How have occurs | YES NO | YES | | NO 🗌 |
| 1 | _ | 210. ACCIDENT WAS UND | | 21b. TIME O HOUR A. | M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | T I OR PART 2) | |
| 1 | MEDICAL | (IF EITHER NOTIFY MEDI | | | | 19 | 201 LOCATION | - 46 | | 13 | |
| 1 | MEC | 21d. INJURY OCCUR! | | 21e. PLACE | REET, FACTORY, OFFICE F | ARM, ETC } | 211. LOCATION STREET | CITY OR TO |)WN | COUNTY | STATE |
| 1 | | | | | | | | | | | de la de la |
| | | 22a. certify that (1) saw the decease | ed plive on | _ | 19 | | nd that in (my) (our) opinion | depth occurred on the d | | | that (I) (we) last |
| ı | | 22b. S1 MATURE | did) (did A | iew the body | ofter death. | | DEGREE | | RESIDER | | |
| ١ | | Scor | mell | 6 | | | MA ATTENDING | MEDICAL STA | FF | 10, | Inles |
| 4 | | 124 PHESILIANS NA | AME IIVALO | - | | | PHYSICIAN [| DIRECTOR PHYSIC | TAN 2 | / | 7707. |
| | | 0 | PIA | 114 | PELLY | | FRANKUN | SANGE | 2 /2 | PITX | +L |
| + | 23a B | URIAL, CREMATION, | V. DZIKA | - | | NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | | | , – |
| | | SPECIFY) BURION, |), | 10/19/1 | 0. | 0441 | HILL | BALTE | 2 11 | COUNTY | STATE |
| 1 | 24 FU | INERAL DIRECTOR | <u></u> | 1, /, //0 | 1170 | /~~/ | | E REC'D. BY REGISTRAR | | | ustande St. |
| | 7 | 5. CON | INCE | 110 | 20 ADDRESS | na- | E 0 | CT 25 1984 | الما الما | ٥ النونية إسماد | |
| F | 4/ | .6011 | 10 E | ~/ | 3001 | 1170 | | 01 - 20 | | | |

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by this should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled wenth the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exom

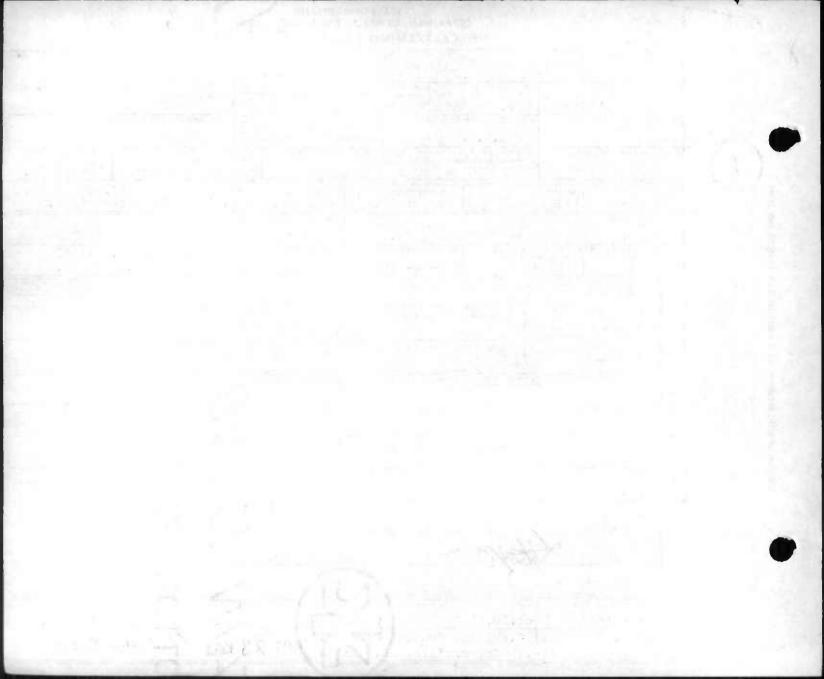
BY CHEST OF THE CARREST AND PROPERTY OF THE PR TELL CANADA 15833 Company (SA) policy francis Commercial Commercial March

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6

| 3. SEX Ma 7a. BIR FOR Ma 10. CIT | EASED NAME FIRST OR PRINT) Luthe 4 RACE White | Er EC | lgar | Macke | ey Ji | | DATE KNOWN OF ESTI- DEATH MATED | | | AR 2b HC |
|----------------------------------|---|----------------------------|--|----------------------|-------------------|---------------|---------------------------------------|--------------------|-------------------------|------------------|
| Ma 70. BIR FOR Ma | 4 RACE | 5. DATE OF BIRTH | | Macke | ey J1 | r. | DEATH MATED | :E 10/1 | 4/840 | |
| Ma 7a. BIR FOR Ma | | | | | | | | | | |
| 70. BIR FOR Ma | lo White | MONTH DAY | 6. AGE (IN YE LAST BIRTHD | | 11 01100 | R 24 HRS. 2 | C. DATE RONOUNCED | HTHOM | | Id]H |
| Ma 0. CIT | | Nov. 16,1 | | | TIOURS . | | DEAD | | .8/34, | |
| 10. CIT | THPLACE (STATE OR EIGH COUNTRY) | 76 CITIZEN OF WHAT | COUNTRY? | 8. MARRIED | NEVER MAR | RIED | BALTIMORE CIT | _ | | 4 |
| | ryland | U.S.A. | | WIDOWED [| | | Baltimor | | | |
| (| Y OR TOWN OF DEATH | | Y, GIVE STREET ADDRESS) | | | FOR MC | L OCCUPATION . | | 12b. KIND OF OR INDU | BUSINES USTRY |
| | Catonsville | | sbury Ave | | ¥7 | Purch | nasing Ag | ent | Howar | d Co |
| 130 ST | RESIDENCE (IF IN NURSING HOME ATE 136 COUN Balt: | I YTY | esidence before admissi 3c. CITY OR TOWN Catonsvil | 13d. IN | SIDE CITY LIMITS? | | T ADDRESS 7 292 E | | .228 oury Av | re. |
| 14. FA | THER'S NAME | WIDDLE | last | | OTHER'S MAI | | MIDDLE | | LAST | |
| | | - | ckey, Sr. | | Katheri | ine | | ginia | Harta | in |
| 160. W (YE | | WAR OR DATES) | 66. SOCIAL SECURIT 705-10-860 | | onald N | lackey | Falsto - 408 St | m, MD. reamsi | 2104 de Ave | |
| | 18 CAUSE OF DEATH (Enter or | nly one cause per line far | (a), (b), and (c).) | | | | | | APPROXU | MATE INTERV |
| | | TE CAUSE (a) Arte | | tic Car | diovaso | cular I | Disease | | BEIMEENO | NSET AND L |
| | I)************************************ | | A CONSEQUENCE | | | | | | | |
| | Canditions, if any, which | | | | | | | | | |
| 0.5 | gave rise to immediate cause (a) stating the <u>under</u> - | | A CONSEQUENCE | OF | | | | | | |
| | lying cause last. | (a) | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | WINAL DISEASE OR COL | OITION GIVEN IN | PART 1 to | | | | |
| NO O | | | | | | | | | | |
| ¥ | 190 DATE OF OPERATION | 196 CONDITIO | N FOR WHICH OPER | RATION WAS PE | REORMED? | | | | 20 AUTOP | PSY? |
| Ē | | | | | | | | | YES [|] NO. |
| E E | 210 EXTERNAL CAUSE WAS | 216. TIME OF IN | JURY ONTH DAY YEAR | 21c. HOW IN | JURY OCCUR | RED LENTER NA | TURE OF INJURY IN ITEM | A 16 PART 1 OR PAI | RT 2) | |
| SAL | UNDERLYING OR CONTRIBUTING CAUSE OF | | 19 | | | | | | | |
| MEDICAL CERTIFICATION | 21d. INJURY OCCURRED | 21e PLACE OF I | NJURY (ATHOME, | 211 LOCATIO | N | | CITY OR TOWN | | UNTY | ST |
| 5 | WHILE NOT WHILE (| | . 1 man), £16.j | JINCET | | | CITORIOWN | COL | UIT1 (| 31. |
| | 22a I certify that I taak charg | ne of the remains describ | ed abave held as | Autapsy |],laspect | ion [X] | Inquiry . | and in my ap | ninian | |
| | , | (V) | cident , Su | | damicide | | mined manner |]. | PATRICE I | |
| | _tadio | 410- | | | LE (SPECIFY) | Onderer | ed manner | | | |
| | ACTUAL SIGNATURE | JIEVO | | | | ant MEDIC | AL EXAMINER | DATE | 10/1 | 19/84 |
| | 330747.1082 | 1 | | | | MEDIC | ALEXAMINER | SIGNE | .0 | |
| | EXAMINER'S NAME (TYPE OR PRINT) Gre | egory R. Kai | uffman, M. | .D. ADDRI | ssll | ll Peni | n St. | | | |
| | RIAL, CREMATION, REMOVAL | | 23c. NAME OF CE | | | 23d. LOC | ATION | COUN | NTV | STATE |
| 23a.BU | | | 4 Westvie | | | CITY OF | IOWN | COUN | 711 | STATE |



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| 4 | _ | tem 4 Per F.H.] FOR STATE REGISTRAR | | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | HAGIENE 2 6 | 90 |
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| (B) | | CASED NAME FIRST HERBEF | RT M. M | ADDE N | 20 DATE OF DEATH MONTH | |
| ector. | | 1A LE | 4 RACE Black | S. DATE OF BIRTH APRIL 2, 1904 | | IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| Junerol In 72 I | MA | RTHPLACE (STATE OR FOREIGN OUNTRY) | V.S. A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CO | UNTY MD. |
| s offer by the filed w | | OWSON | GBMC-6701 N | | 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE FINAL CK FARM | 176. KIND OF BUSINESS OR INDUSTRY |
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| d complete s 1 and 2 | | HARRY C. | | | ADDRESS | NADDINGTON |
| iction and coers. Pages of the medica | () | 00 | (E WAR OR DATES) 230 301 | | 124 RECORDS | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| if the deoth certifics y the ottending phy e remove corbompo cremotion, or remov ther troumotic eveni | | Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost | 10/ | REPOSTATE THE PROSTATE | | |
| quires tho signed by Then pleoss to buriol, c | NO | | (c) | | TERMIN AL DISEASE OR CONDITION GIV | EN IN PART 110 |
| on. hos been t permit. I ten prior | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | IN CERTIF | S, WERE FINDINGS USED FYING CAUSES OF DEATH? IS NO |
| ig physici ig physici certificate riol-tronsi ental Hygi | | 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | AIII | DAY YEAR | CCURRED (ENTER NATURE OF INJURY IN ITEM 18 I | PART TOR PART?) |
| ottendir ottendir fter this os the but th ond M | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | | CITY OR TOWN | COUNTY STATE |
| ATTENDIA Spirol or CTOR: A d for use I. of Heoli n 21 is me | | sow the deceased alive on | tol) ottended the deceosed from 10/03 19 19 19 | 84, and that in (my) (our) op | inion deoth occurred on the date and hou | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. |
| ITAL OR by the ho RAL DIRE detoched tote Dept | | THE SIGNATURE OF THE STATE OF T | eldis | DEGREE MD ATTENDIO PHYSICIA 220 ADDRESS | | 10/03/84 |
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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL PYGIENE

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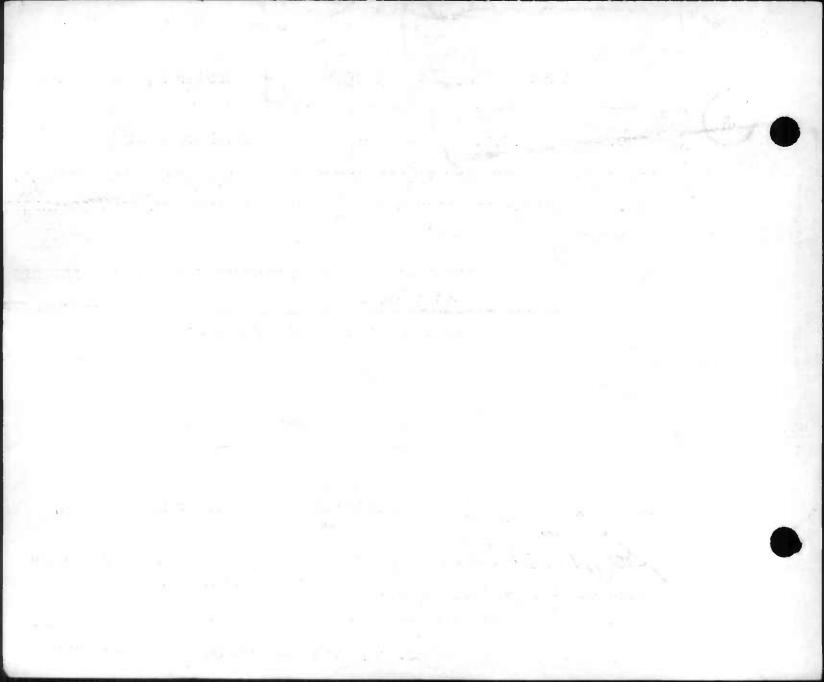
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| | EASED NAME | FIRST | | WIDDIE | | L/ | AST | | 20. DATE OF | DEATH | MONTH | DAY YEA | R 2b F | IOUR |
| (ITPE | OR PRINT) | Doro | thy | Ρ. | | MA | DIGAN | | 0c1 | tober | 10, | 1984 | 1 | :55P |
| 3. SEX | | | 4 RĄCE | | | 5. DATE O | | | 6 AGE (IN YE | RS LAST BIRT | HDAY | MONTHS D | | DER 24 HRS |
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| o. BIF | RTHPLACE (STATE OR'S | OREIGN 7 | TO CITIZEN C | F WHAT | COUNTRY? | 8 AA A DD IEC | □ NEVED | MARRIED - | 9. BALTIMOR | | | | Н | |
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| 4. FA | THER'S NAME FIRST_ | M | AIDOLE | | LAST | | 15 MOTHER | E'S MAIDEN NA | WE ' | MIDDLE | | | LAST | |
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| | AS DECEASED EVER | | MED FORCES | | OCIAL SECU | IRITY NO. | 17 INFORM | ANT | | ADDRE: | SS | | | |
| | NO | | | 21 | 6-36- | -9096 | COL | LEEN M | ADIGAN | (DG | HTR | | | DDRF |
| | 18 CAUSE OF DEATH | H (Enter only | y one couse p | per line for | (o), (b), one | d Keil | _ | | | | | BETW | PROXIMATE PER ONSET | NTERVAL AND DEAT |
| - 1 | | IMMEDIATE | E CAUSE (o) | | | | | | | | | | | |
| | Conditions, if ony, gove rise to imm couse to statin underlying couse | nediote ng the | (b), | | tastat conseque | | rcinor | ma of th | e Breas | st | | | | |
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely 1 led in by the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs aft retained by the hospital or attending physician.



executed within 24 hours after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

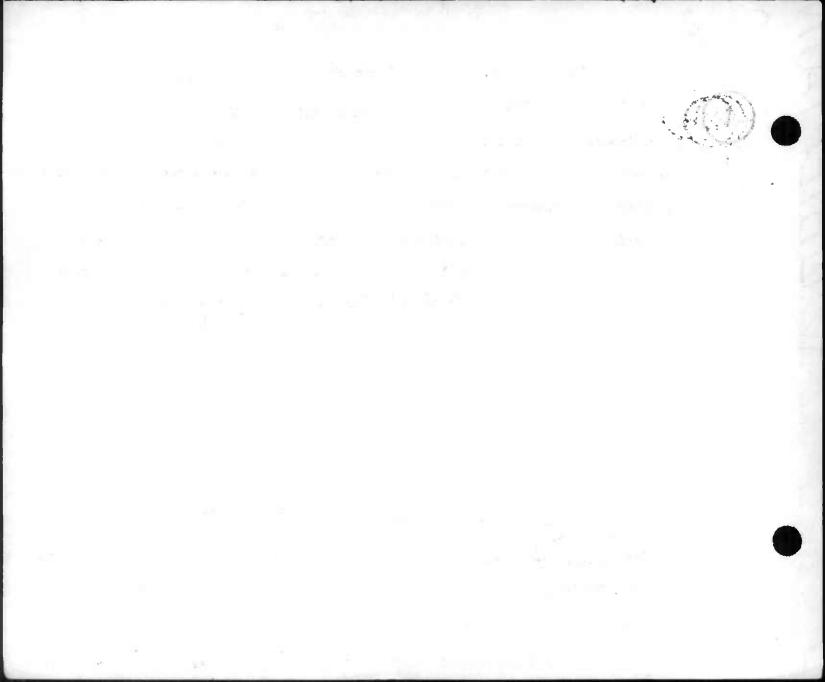
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HOGIENE

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| | 1- | FOR STATE REGISTRAR | | DEFARIA | | EALTH AND MENTAL HÖÆ ICATE OF DEATH | REG. N | О. | | |
|--|-----------------------|---|--------------------------------------|--|---|---|--|--|---|------------------------------|
| | | CEASED NAME FIRST OR PRINT) Helen | R. | IDDIE | | chowski | 2a DATE OF DEATH | | 27,198 | 26 HOUR |
| | 3. SEX | Female | White | | 5. DATE C MONTH | | 6 AGE (IN YEARS LAST BI | YRS | MONTHS DAYS | IF UNDER 2 |
| 75 | | RTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania | U.S.A. | | WIDOWE | | Baltimore City | e Cou | nty | |
| 20 | G. | ity or town of death lenarm | (IF NOT IN SUCH | Langtry | Driv | OR OTHER INSTITUTION | 126 USUAL OCCUPAT | Mgr. | 12b. KIND C INDUSTRY Grumman | Aero |
| 16 | 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COU | or other institution of inty Ltimore | GIVE RESIDENCE BEFORE 13c CITY OR TOW Glenarm | /N | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 4407 Lang | ZIP CODE | rive 21 | .057 |
| 36 | 1/1 | ATHER'S NAME FIRST Francis | WIDDLE | Benisc | | 15. MOTHER'S MAIDEN NA FIRST Mary | WIDDIE | | Galla | gher |
| 1 | () | VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O | IVE WAR OR DATES) | 165 SOCIAL SECU 155-14-8 | | John I. Mala | ADDR Ichowski, Sa | | | 1057 |
| | | underlying couse lost. | (c) | | ENCE OF | NOT BELATED TO THE TERM | AINA) DISEASE OF COM | IDITION CIV | VEN IN PART 1. | n: |
| ÿ | FICATION | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | INTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | 20a AUTOPSY? | 206 IF YE | S, WERE FINDI | NGS USED S OF DEATH |
| 99 | CAL CERTIFICATION | PART 2 OTHER SIGNIFICANT | 19b CONDITIONS CO | TION FOR WHICH | DEATH BUT | | 20a AUTOPSY? YES NO | 20b IF YE IN CERTII | S, WERE FINDII FYING CAUSES ES [] | NGS USED |
| 9 | MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTWINE AT WORK | 19b CONDITIONS CO | TION FOR WHICH FINJURY M. MONTH D. OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY | DEATH BUT H OPERATIO AY YEAR 19 FARM EIC) | n was performed | 200 AUTOPSY? YES NO CONTRACTOR NATURE OF INJ | 206 IF YE IN CERTII YE URY IN ITEM IS | S, WERE FIND II FYING CAUSES ES PART I OR PART ?) COUNTY | NGS USED S OF DEATH |
| ו וופוו דו ו וווחואבת חו וופון זס אומאס חוא וואחוא, מו מ | | PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IS EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE | 19b. CONDITIONS CO | TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY EEL, FACTORY OFFICE I | DEATH BUT H OPERATIO AY YEAR 19 FARM ETC.) | 21c HOW INJURY OCCUR 21l. LOCATION STREET 19.84 nd that in (my) (our) aprilian DEGREE | TO AUTOPSY? YES NO CITY OR I To death occurred on the death occu | 206 IF YE. IN CERTIII YE. URY IN ITEM IS I | S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 4 7 ur and from the | NGS USED S OF DEATH NO |
| MACKANA: If them 2.1.5 milling of the 1979, or of | | PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has sow the deceased allowed obove (II) we) (dia) (dia) | 196 CONDITIONS CO | TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY EEL, FACTORY OFFICE I | DEATH BUT H OPERATIO AY YEAR 19 FARM ETC.) | 211. LOCATION STREET 211. LOCATION STREET 19.34 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS | YES NO CITY OR TO Death occurred on the company of the MEDICAL STA | 20b IF YE. IN CERTIII YE. OWN | S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 47 Ut and from the | NGS USED S OF DEATH NO |

DHMH - 16 50M 4/83 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 retained by the hospital or attending physician.

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STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL STORES

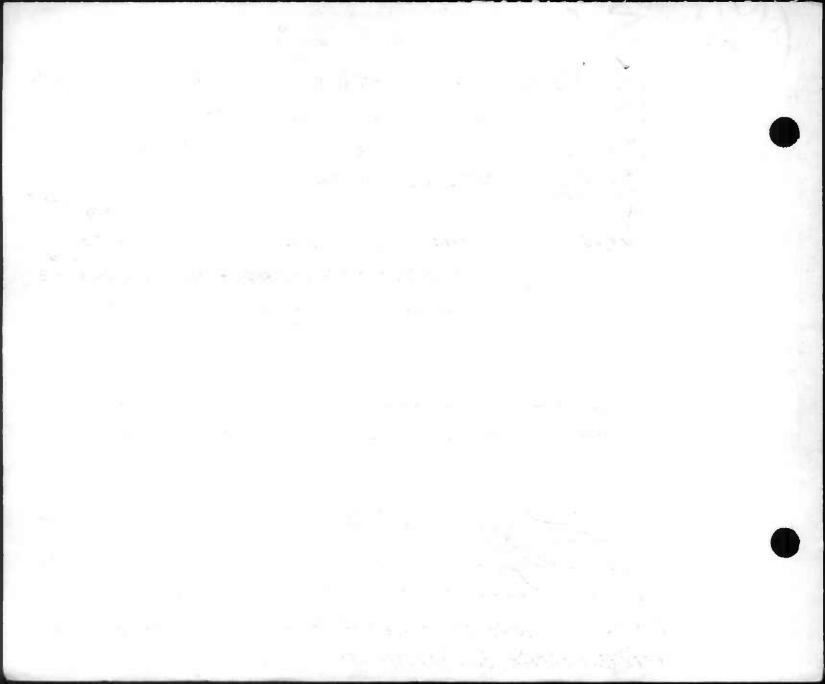
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| 1 | 1 - | FOR STATE REGISTRAR | | | OF HEALTH AND I | | ENE REG. N | 10 | , , | |
|---|-----------------|--|--------------------------|---|---------------------|--------------------------|------------------------------|------------------|----------------------|----------------------------------|
| ľ | 1. DEC | CEASED NAME FIRST | | MIDDLE | LAST / | . 1 | 2a DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| | (117) | ALIC | e | RI | MANdis | h l | 10/26/8 | 4 | | 1.5 9 pm |
| | 3. SEX | | 4. RACE | | ATE OF BIRTH | YEAR | 6 AGE (IN YEARS LAST B | | INDER I YEAR | IF UNDER 24 HRS |
| | 1 | - | CAU | l | 02 18 | 12 | 72 | YRS. | DATS | TIOOKS MIN, |
| 1 | | RTHPLACE STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | RRIED NEVER A | AARRIED 🗆 | 9 BALTIMORE CITY | OR COUNTY OF | DEATH | |
| 7 | , | Md | US | SA WID | OWED DA | VORCED [| BAL | timore | 3 C.OU. | NEY MD. |
| 7 | M. CII | TY OR TOWN OF DEATH | F NOT IN SUC | HOSPITAL, NURSING HO | ME OR OTHER INST | ITUTION | 12a USUAL OCCUPAT | | | F BUSINESS OR |
| | 1 | TOWSON | 20 | . JOS 9/1 5 | HOSPICHA | | HOUSEW | | | |
| 5 | DSUA IIII. S | AL RESIDENCE (IF NURSING HOAD OF | OTHER INSTITUTION NTY | GIVE RESIDENCE BEFORE ADMIS 136. CITY OR TOWN BALLIMI R | 13d. INSIDE C | NO [] | 13e STREET ADDRESS | ZIP CODE | d AVE | 21224 |
| 2 | 4 FA | THER'S NAME FRIST URIAS | MIDDLE | JOHNS | Is. MOTHER'S | MAIDEN NAM | AE MIDDLE | 10 | 14172 | Ŀ |
| 5 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECURITY | O. 17 INFORMA | NT | ADDR | ESS | 2 | 1224 |
| 4 | (1 | res, no or onunown | TE WAR OR DATES) | 215-05-73 | 39 KUDY | J. MA | NDISH 13 | 11 CHEST | 4DEAN | & AVE. |
| Ī | | II. CAUSE OF DEATH (Enter or | nly one couse per | line for (a), (b), and (c),) | , | | | | APPROXI BETWEEN C | MATÉ INTERVAL ONSET AND DEATH |
| 1 | | PART I. DEATH WAS CAUSE IMMEDIA | TE CAUSE (o) | BICATERA | Z ACUTE | - Bro | NEHOPNEU | nevig | 3-4 | 2745 |
| 1 | | | DUE TO, O | R AS A CONSEQUENCE | OF | | | | | |
| ١ | | Conditions, if ony, which gove rise to immediate | (b) | | | | | | | |
| ı | | couse (o), stating the | DUE TO, O | r as a consequence | OF | | | | | |
| 1 | | underlying couse lost | (c)_ | | | | | | | |
| 1 | z | PART 2 OTHER SIGNIFICANT | | | | | | | | |
| H | 170 | PROBABLE RU | | MITRAL VAL | | | 200 AUTOPSY? | 206. IF YES, W | | |
| | CERTIFICATION | 10/1/84 | | EE 18, PAR | | KMED | YES NO | IN CERTIFYIN | IG CAUSES | |
| Н | ERT | 21a. ACCIDENT WAS UNDERLYING | 216. TIME C | F INJURY | 21c. HOW IN | JURY OCCURRE | ED (ENTER NATURE OF INJ | | | 140 |
| 1 | | OR CONTRIBUTING CAUSE OF DE | NITT I | M. MONTH DAY Y | EAR 19 | | | | | |
| 1 | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | 211. LOCATIO | N | | | | |
| 1 | ¥ | WHILE NOT WHILE AT WORK | (AT HOME, ST | REET, FACTORY OFFICE, FARM ET | C) STREET | | CITY OR T | OWN | COUNTY | STATE |
| 1 | | 22a.1 certify that (I) this hasp | | | 9/30 | 19 89 | | 126 19. | 89 | that (Iv (we) yost |
| ı | | sow the deceased alive or obove, (I) we) did traid as | the same the back | 24 19 84 | _, and that in (my) | Tour Opinion de | eath occurred on the | date and hour or | nd from the | couses stated |
| | | 22h SIGNATURE | 2 | | DEGREE | | | | 22c. DATE | SIGNED |
| | 4 | Secol. | 1 | | M.D. | TTENDING PHYSICIAN [] | MEDICAL STA | CIAN | 101 | 124/84 |
| | | THE HYSICIAN'S NAME THE | // | | 22e ADDRES | _ | | | | |
| | | JAMES W | EAG | an, on, mo | DEDI | TOFP | ATH ST JO | SEPH HE | 180 81 | 900, m. |
| | Li | BURIAL CREMATION, REMOVAL | 236 DATE | -84 GAGI | OFUS OF A | REMATORY FAITH | 23d LOCATION CITY OR TOWN | BAL | OUNTY . | MD- |
| | 24 FU | | / | world | 2000 | 250 DATE | REC'D. BY REGISTRA | 256 REGISTRAL | R'S SIGNATI | URE , |
| | the | OFFMANN-SK | ACDA . | 3218 HUDSO | N STI | TOO | 2 9 1984 4 | chia Devid | 70 -1 31 | and the same |
| | - | | | | | 9.0 | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, th



| J 1. | FOR - STATE REGISTRAR | | DEPARTM | NENT OF HE | OF MARYLAND ALTH AND MENTAL WYG CATE OF DEATH | IENT 2 | 6 4 9 | 4 |
|---|---|---|--|--------------------|---|---|---|--|
| | F OR PRINTI | RST CARL | MIDDLE J. | LAS | MANIEGIA, SK | 20. DATE OF DEATH W | NONTH DAY YE | 26 HOUR |
| 3 SE | CAI | 4 RACE |) | MAC S DATE OF | | 6. AGE (IN YEARS LAST BIRTH | IDAY) IF UNDER 1 | FAR FINDER 24 H |
| 3.55 | MALE | Whi | te | MONTH | DAY - YEAR | 68 | | AYS HOURS MI |
| | IRTHPLACE (STATE OR FOREIT | IGN 76. CITIZEN OF | WHAT COUNTRY? | MARRIED WIDOWED | DIVORCED D | BALTIMORE CITY OR | County of DEAT | |
| 5XR | TOWN OF DEATH | 100 - 100 0 | HOSPITAL, NURSING | ADDRESS | OTHER INSTITUTION SPITATION | 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Mgt.Analysi | WORKING LIFE) INDUS | of Business |
| 13a. Ma: | ryland B | COUNTY altimore | 136. CITY OR TOWN Sparks | | 3d. Inside City Limits? Yes \ no _ | 13eSTREET ADDRESS / 15216 Whee | | 21152 |
| EAL | ATHER'S NAME FIRST riano | MIDDLE | Mantegna | | S. MOTHER'S MAIDEN NA FIRST Francesca | MIDDLE | | lco |
| 5 | WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF | J.S. ARMED FORCES? FYES, GIVE WAR OR DATES) WW II | 166 SOCIAL SECUR | | 7. INFORMANT | ADDRES | | |
| Ye Ye | | | 212-03-509 | | Ada Mantegna | - Same as # | | PROXIMATE INTERVAL EEN ONSET AND DEA |
| umatic even | | MEDIATE CAUSE (a) DUE TO, C | DR AS A CONSEQUE | NCE OF | MBOEMBOLI' | | TION | |
| 01 18110 10 | underlying cause li | the DUE TO, C | OR AS A CONSEQUE | NCE OF | y of ASCEND | ING ADRTA WI | | |
| NOI | PART 2 OTHER SIGNIFIC | CANT CONDITIONS C | ONTRIBUTING TO D | EATH BUT N | OT RELATED TO THE TERM | INAL DISEASE OR COND | IHON GIVEN IN PAR | II Ita |
| CERTIFICATION | 19a DATE OF OPERATION | 196. CONE | DITION FOR WHICH (| | | YES NO | 20b. IF YES, WERE FII IN CERTIFYING CAL YES | |
| d'or him is | 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS. (IF EITHER NOTIFY MEDICALE. | SE OF DEATH HOUR A | | | 21c. How injury occuri | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PAR | 1 2) |
| | 21d. INJURY OCCURRED | CAT HOME ST | OF INJURY FREET, FACTORY, OFFICE FA | | 21f. LOCATION STREET | CITY OR TOW | n COUNT | |
| MED | WHILE NOT WHILE | _ [| | | | | | STATI |
| 21 is marked a | 22a. i certify that y (this | s haspital) attended t | | 10-7 84 , ond | that in (nV) (aur) aprinian | , ta deoth accurred an the dat | e and have and fram | that (// (we) |
| f. If Nem 21 is marked of | 22a. i certify that y (this | s haspital) attended t | | 84_, ond | GREE ATTENDING | MEDICAL STAFF | 22c D | that (// (we) |
| PORTANT: If New 21 is marked as | 22a.l certify that () (this saw the deceased abave, () (we) (dat | s haspital) attended t | diter death. | 84_, ond | GREE ATTENDING PHYSICIAN [22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIA | 22c. D | that (X (we)) the causes stated |
| San | 220. I certify that vi (this saw the deceased above, vi (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME REYNALD BURIAL, CREMATION, REM | s haspital) attended to 10~17 the bad | vottec death. 19 LA GOINE 23C N | 2 N.D | ATTENDING PHYSICIAN CONTROL PROPERTY OF CREMATORY | MEDICAL STAFF DIRECTOR PHYSICIA ROAD TOW 13d LOCATION (IIV OR IOWN | SON MI | the causes stated ATE SIGNED |
| MBORTANT; # Herm 21 is months | 220. I certify that of this saw the deceased above, of two tains 220. SIGNATURE 220. PHYSICIAN'S NAME REYNALD BURIAL, CREMATION, REM | s haspital) attended to 10~17 the bad | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | 2 N.D | ATTENDING PHYSICIAN CONTROL PROPERTY OF CREMATORY Valley | MEDICAL STAFF DIRECTOR PHYSICIA ROAD TOW 13d LOCATION (IIV OR IOWN | SON MS Baltimor | the causes state ATE SIGNED ATE SIGNED |



| DIVISION OF WITH RECORDS, ACT WEST ON ST., BARLINGAR, MANIENTERINGAR, MANIENTE | 1 |
|--|---|
| O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be coined by the hospital or attending physician. | |
| TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral directions as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 7 main after a rith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | |

njury, or other troumotic event, the

IMPORTANT: If them 21 is morked or through those any

DEPARTMENT OF HEALTH AND MENTAL HEGIENE

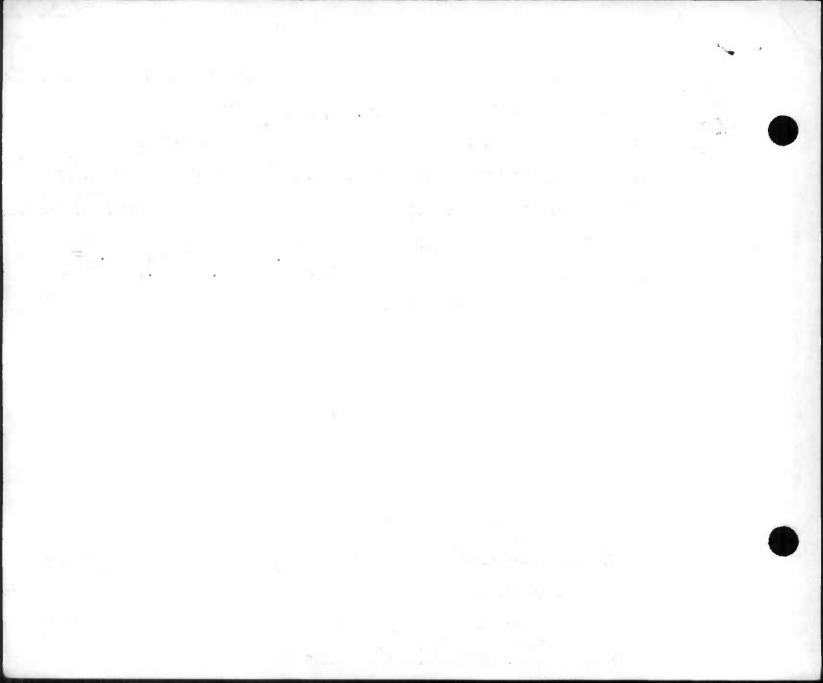
STATE OF MARYLAND

| 1 | FOR - STATE REGISTRAR | | | | EALTH AND MENTAL PYGI ICATE OF DEATH | REG. N | 0 | | |
|----------|--|--|--|---------------|---|--------------------------|---|--------------------------|-----------------------------|
| | DECEASED NAME FIRST | MID | DDLE | L/ | AST | 20 DATE OF DEATH | | YEAR 2b | HOUR |
| +1 | FANNIE | | | MAR | KS | OCTOBER 19 | 1984 | | 4 A. M |
| 3. | SEX | 4 RACE | 5 | . DATE O | F BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) # UNDE | - | UNDER 24 HRS |
| П | FEMALE | WHITE | | SED' | T. 14. 1901 | 83 | YRS | DAYS H | OURS MIN. |
| 70 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WE | HAT COUNTRY? 8 | | in the second | 9 BALTIMORE CITY O | | ATH | |
| 1 | RUSSIA | U.S | Λ . | | DIVI DIVORCED | BALTIM | ORE COUN | ΤY | MD. |
| 10 | CITY OR TOWN OF DEATH | 11. NAME OF HO | SPITAL, NURSING | HOME O | | 12ª USUAL OCCUPATI | | | EDUCATI |
| L | BALTIMORE | 7206 VA | LLEY COUN | TRY | CT.,APT. 1st | SCHOOL 7 | EACHER D | EPT. | OF |
| 13 | SUAL RESIDENCE (IF NURSING HOME IS STATE 136 COL | | ve residence before ad Be. CITY OR TOWN | MISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | 21208 | |
| 1_ | | LTIMORE | BALTIMO | RE | YES NO X | 7206 VALLE | | | 1st FL |
| P | FATHER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | MIDDLE | | LAST | |
| 1 | ISAAC | | SERPICK | | | JENNIE | | NKNOW | N |
| 16 | WAS DECEASED EVER IN U.S. A | ARMED FORCES? | 6b SOCIAL SECURIT | TY NO. | IT INFORMANT MRS . I | EDYTHE HOPF | MAN, AP | Γ. A= | 2 |
| L | NO | | | | 3655 Glengy | le Ave. Ba | | | |
| | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS | only one cause per lir SED BY: ATE CAUSE (0) | me for 101, 161, and 16 | 710 | PARATT C | 1 | - 6 | APPROXIMAT ETWEEN ONS | TE INTERVAL ET AND DEATH |
| П | | | AS A CONSEQUEN | CE OF | | | | | |
| | Conditions, if ony, which | ((b) | | | | | | | |
| | gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR A | AS A CONSEQUEN | CE OF | | | | | |
| 1 | | | TRIBUTING TO DE | ATH BUT | NOT RELATED TO THE TERMI | nal disease or con | DITION GIVEN IN I | PARI lio | |
| THE POST | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITIO | ON FOR WHICH OF | PERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE IN CERTIFYING (YES | CAUSES OF | |
| | | ZEATH | MONTH DAY | YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR | PART 21 | |
| 1 | OR CONTRIBUTING CAUSE OF E | 21e PLACE OF | FINJURY T, FACTORY OFFICE, FARA | M. ETC } | 211 LOCATION STREET | CITY OR TO | IMM CO | UNIY | STATE |
| ı | 220.1 certify that (I) (this has | | | (1. | | , to | | | ot (I) (we) lost |
| П | sow the deceosed olive above, (1) (we) (did) (did | not) view He bady at | ter deoth. | 7 , on | d that in (my) (our) opinion d | eath occurred on the d | ote and hour and I | rom the cau | ises stoted |
| | 27h SIGNATURE | alless | ı. | pr | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | FF . | DATE SIC | 184 |
| | 22d Pyresician's NAME ITYPE | | · [m · | | 22e ADDRESS | 2000 | 0.4 | 1 1 | |
| - | - 21001 WAY | A. GCAS | | WE CE C | EMETERY OR CREMATORY | 123d LOCATION | 0) | | |
| 73 | 30. BURIAL, CREMATION, REMOVA (SPECIFY) | | | | | CITY OR TOWN | COUN | | STATE |
| 24 | RURTAL. | 110/21/8 | | | TEILOH CEM | REC'D. BY REGISTRAR | MA REGISTOAD'S | MAR | YLAND_ |
| 1 | NAME SOL | LEVINSON BALL | | | 1.003 | 2 4 1984 | who Davine | y - Jan | المالات. |

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



tar, page 3 ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE CEPTIFIC ATE OF DEATH

| | | REGISTRAR | | | | CLRII | IICAIL OI | DLAIN | | REG. NO |). | | |
|---|----------------|--|---------------|---------------------|------------------|------------------|--------------------|------------------------|------------------------------|----------------|------------|------------------|------------------------------------|
| | | EASED NAME | FIRST | | AIDDLE | | LAST | | 20. DATE OF | DEATH / | HTMON | DAY YEAR | 26 HOUR |
| | { IYPE | OR PRINT) | lalter | | lichael | 1 | MASSAR | | 0ct | ober | 24, | 1984 | 8:40P M |
| | 3. SEX | (| 4 | RACE | | | OF BIRTH | | 6 AGE (IN YE | ARS LAST BIRTH | HDAY) | IF UNDER I YEAR | |
| | Ma | le | | White | | MON 3 | | 1922 | 6 | 2 | YRS. | MONTHS DAYS | HOURS MIN. |
| 1 | 7a. B16 | RTHPLACE (STATE OR FO | DREIGN 7 | CITIZEN OF | WHAT COUNT | RY? 8. | ED NEVER | | | E CITY OF | COUNT | TY OF DEATH | |
| 1 | Ma | ryland | | U.S.A | • | WIDOW | | NORCED [| Ba1 | timor | re Co | ounty | MD. |
| 7 | 10 CI | TY OR TOWN OF DEA | TH 1 | 1. NAME OF H | OSPITAL, NU | | OR OTHER IN | NOITUTION | 12a USUALO (TYPE OE WORK) | | | | OF BUSINESS OR |
| | Ro | ssville | | Frank | lin So | quare | Hospit | al | | | | astern | Roper |
| Z | USUA 13a. S | AL RESIDENCE (IF NURSI | NG HOME OF C | | GIVE RESIDENCE B | | | CITY LIMITS? | 13e.STREET A | DDRESS / | ZIP COI | DE | |
| | | ryland | Balt | imore | Dunda | alk | YES 🗌 | NO 🔣 | 7843 | Kava | nag | h Road | 21222 |
| 7 | 14. FA | THER'S NAME | | IDDLE | LAST | | 15. MOTHER | 'S MAIDEN NA | AME | WIDDLE | | t A | .51 |
| 1 | Em | rich | | | Masaı | | Ma | ary | | Anne | | Szaf | arz |
| | | VAS DECEASED EVER I | | NED FORCES? | 166 SOCIALS | SECURITY NO. | 17 INFORM | ANT | | ADDRES | 55 | | |
| | Ye | S | | Ï | 215-1 | 2-880 | 9 Jose | phine | J. Ma: | ssar | Sa | ame as | |
| | | 18 CAUSE OF DEATH PART I. DEATH W | (Enter only | one couse per | line for (a), (b | 1, ond (c).) | A. | noot | | | | BETWEEN | CIMATE INTERVAL ONSET AND DEATH |
| | | PARTS DEATH W | IMMEDIATE | CAUSE (o) | Cardio | Putino | lary Ar | rest | | | | | |
| | | | | DUE TO, OF | RAS A CONSE | EO TENCE OF | ancon o | f the C | Colon | | | | |
| | | Conditions, if any, | | (b) | Merasi | acic c | ancer o | , the t | 501011 | | | | |
| | | couse (a), stating | | DUE TO, OF | R AS A CONSE | EQUENCE OF | | | | | | | |
| | | | | ((c) | | | | | | | | | |
| | z | PART 2 OTHER SIGN | IFICANT CO | onditions <u>cc</u> | ONTRIBUTING | TO DEATH BU | IT NOT RELATE | D TO THE TERA | MINAL DISEASE | OR CONE | OITION G | SIVEN IN PART I | a |
| 5 | CERTIFICATION | 198 DATE OF OPERAT | ION | 19h CONDI | TION FOR WI | HICH OPERATI | ON WAS PERF | ORMED | 20a AUTO | PSY? | 20b. IF Y | ES, WERE FIND | INGS USED |
| 1 | IFIC, | The DATE OF GREAT | | 170 001.01 | | | | | YES 🗆 | NOX | | TIFYING CAUSE | S OF DEATH? |
| 5 | ERT | 210. ACCIDENT WAS UND | ERLYING | 21b. TIME O | | | | NJURY OCCUR | RRED (ENTER NAI | | | | |
| 1 | | OR CONTRIBUTING | | 19 | M. MONTH | | | | | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDIC 21d, INJURY OCCURR | | P./ | | 19 | 211. LOCAT | | | | | 4 Constitu | STATE |
| | ME | WHILE NOT WH | ILE 🗌 | (AT HOME STR | EET, FACTORY, OE | FICE, FARM ETC } | STRE | ET | | CITY OR TOV | VN | COUNTY | STATE |
| | | 220 L cortifu that M | (this hospite | ol) ottended the | e deceased fr | om Octo | ber 12, | 84 | | tober | 24, | 19 | , that ACK(we) last |
| | | sow the decease above, ((we) (d | d olive on_ | Octobe | r 24, | | and that in 📢 | (our) opinion | death occurred | on the do | te and h | our and from the | couses stated |
| | | 22b. SIGNATURE | (a) (a, 4.5) | view the body | offer deoth. | | DEGREE | | | | | 22c DAT | ESIGNED |
| | | m (/ | emi | 1111 | M |) . | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAF PHYSIC | F IAN 🔲 | 10/2 | 24/84 |
| 1 | | 22d. PHYSICIAN'S NA | ME (TYPE OR | PRINT) | | | 22e. ADDRE | SS | | | | 07.007 | |
| | | M. Vemu | ry, MI |) | | | 9000 |) Frank | lin Squa | are D | r., | 21237 | |
| | | BURIAL, CREMATION, | | 236. DATE | | 23c. NAME OF | CEMETERY OF | CREMATORY | | TION | - | COUNTY | STATE |
| | B | urial | | 10/27 | 7/84 | Most | Holy F | Redeeme | er Bal | timo | re | 2001111 | aryland |

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove carbanpapt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked an

(VRA 15, 4)

Burial | 10/27/84 | Most Holy Revenue | 10/27/84 | Most Holy R

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT 2 9 1984



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be finwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

director, page 3

ge 4 may be

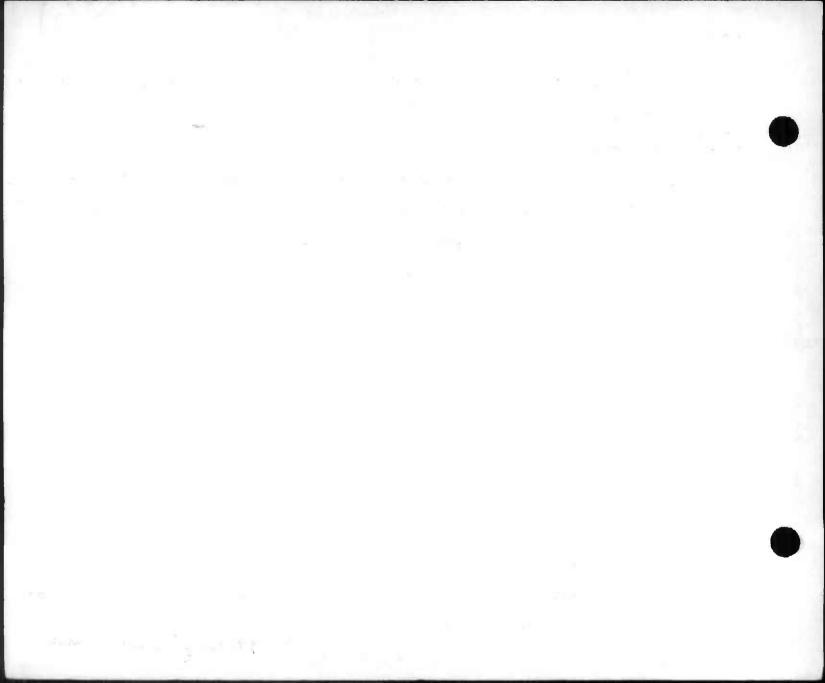
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2 | 6 | 64 | 9 | 1 |
|-----|---|----|---|---|
| Gan | 0 | • | | |

| / | 1- | FOR STATE REGISTRAR | DEPARTM | | EALTH AND MENTAL BYG ICATE OF DEATH | REG. N | 0. | | |
|--------------------|---------------|---|--|------------|--|---------------------------|-------------------|------------------|----------------------------------|
| | | CEASED NAME FIRST OR PRINT! | L. MA | IURS | R. SR. | 20 DATE OF DEATH | | 184 | 26. HOUR P. 3:30 M. |
| 2 | 3. SEX | IALS | WHITZ | JUNS | DAY YEAR | 6. AGE (IN YEARS LAST BIS | YRS | FUNDER I YEAR | HOURS MIN. |
| A | W. | RTHPLACE ISTATE OR FOREIGN 71 COUNTRY) ARYLAND TY OR TOWN OF DEATH 1 | L. S. A. 1. NAME OF HOSPITAL, NURSING | WIDOWE | | BALTIMORE BALTIMORE | ORE, | MARY! | AND MD. |
| 9/1/ | USU / | AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT | OTHER INSTITUTION GIVE RESIDENCE BEFORE A | H S R | O AVS. | SUPERVIS | OR | WS5 | 7. EL. Ca |
| ominer mo | M. FA | ARYLAND BALT | IDDLE MALLAST | 3.6 | YES NO | 7824 SH | SPHS | RD AI | VS. |
| medical ex | | VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN} (IF YES, GIVE Y | WAR OR DATES) | APA | 17 INFORMANT FAMILY | RECORD | S | Wat | KINS |
| event, the | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | cod | Calon | carcino | ma | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| ar other troumatic | | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost | (b) Provided to the total of th | 8 F | Eure | | | | |
| injury, a | NOI | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO D | | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART To | 1 |
| Sony only | CERTIFICATION | 1% DATE OF OPERATION | 196 CONDITION FOR WHICH (| OPERATIO | | YES NO | IN CERTIFY YES | | |
| He 18 sh | MEDICAL CE | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF PLATE (IF EITHER NOTIFY MEDICAL EXAMINER) | | Y YEAR | | PED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART I OR PART 2} | |
| norkedar | MED | 21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK | | NIN | 211 LOCATION STREET | JA . CITY OR TO | | COUNTY | STAIE |
| em 21 is r | | 220 1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not) 226 SIGNATURE | 10-12 108 | | d that in (my) (aur) apinian | | | | |
| MPORTANT: If Hem | | 22d. PHYSICIAN'S NAME (TYPE) RI | house. | ~ | ATTENDING PHYSICIAN [| DIRECTOR PHYSIC | | Hospi | 15-84 Hal |
| IMPOR | | DR. BASHAR BURIAL, CREMATION, REMOVAL | PHAROAN 236 N | AME OF CI | 9518 PHI | 23d LOCATION | A R | OAU | 21234 |
| L/83 | 24 FU | URIAL UNERAL DIRECTOR VANS CHAPELO | 10-17-1984 M | 880 HAR | FORD RO 130°C | REC'D BY REGISTRAR | Ab REGIM | LTO. | laryLano |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



1 - STATE REGISTR.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

26498

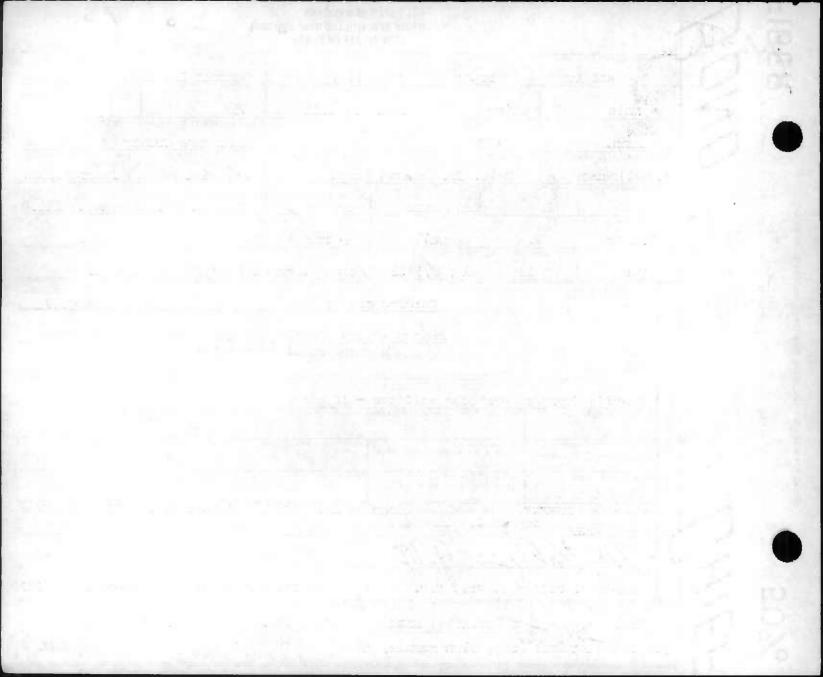
| | REGISTRAR | | | | | | REG. N | | | | |
|-----------------------|--|--|--|--|--|--|--|---|--|---------------------------|----------|
| | CEASED NAME | FIRST | | MIDDLE | ı | AST | 20. DATE OF DEATH | MONTH (| DAY YEAR | 26 HO | JR |
| (TYPE | OR PRINT) Wood | fork | Нос | oper | MAX | WELL | October 1 | 1, 19 | 84 | | |
| 3. SEX | | | RACE | | 5. DATE C |)F BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) | IF UNDER I YEAR | IF UNDE | R 24 HRS |
| | male | | white | | Jan. | 3, 1911 YEAR | 73 | YRS. | WONINS DAYS | HOURS | WIL |
| | RTHPLACE (STATE OR | FOREIGN 7 | b. CITIZEN OF | WHAT COUNTRY | ? 8 | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY | OF DEATH | | |
| 1 | Tenn. | | US | A | WIDOWE | | Baltimore | Coun | ty | | - |
| 1000 | ndallstown | / | (IF NOT IN SUC | HOSPITAL, NURSI CHEACILITY, GIVE STREE CO. GO | ET ADDRESS) | HOSD | 120. USUAL OCCUPATION OF SUPERINTE | F WORKING LIF | | | |
| USUA | AL RESIDENCE (# NUR STATE MD | | THER INSTITUTION | | ORE ADMISSION) | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS 2204 W. | ZIP CODE | | | 12: |
| 4. FA | Vander | V | MDDLE | Maxwell | 1 | 15. MOTHER'S MAIDEN NA FIRST Bettie | WE | | Pav | | |
| | VAS DECEASED EVER | | NED FORCES? | 16b. SOCIAL SEC | URITY NO. | 17. INFORMANT | ADDRE | SS | | | |
| | yes | WW | | 410/09/9 | 9823 | Helen G. Max | well (wife) | same | e as 13 | | |
| | 18 CAUSE OF DEAT PART 1. DEATH V | VAS CAUSED | BY. | | | arrest | | | | nute | |
| | Conditions, if ony gove rise to im couse (a), stati | mediote ng the | DUE TO, O | COTONE | ary ar | tery disease mycardial i | | us | 16 | yea | rs |
| ICATION | gove rise to im couse (o), stoti underlying coust PART 2 OTHER SIG | which mediate and the elast. NIFICANT CO | DUE TO, O (b) DUE TO, O (c) ONDITIONS C | Corona or as a consequence on tributing to betes me | ary ar UENCE OF DEATH BUT 11itus | | nfarction | DITION GIV | | NGS USE | D |
| RTIFICATION | gove rise to im cause (o), stoti underlying cause PART 2 OTHER SIG Insulin | which mediate ng the last NIFICANT CO | DUE TO, O (c) DUE TO, O (c) ONDITIONS C Det dial 196. COND | COTONS OR AS A CONSEQUENCE ON TRIBUTING TO DETES THE MITTON FOR WHICH | ary ar UENCE OF DEATH BUT 11itus | mycardial i NOT RELATED TO THE TERM - 10 years N WAS PERFORMED | MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \(\text{X} \) | 206. IF YES | WERE FINDI | NGS USE | D TH? |
| CAL CERTIFICATION | gove rise to im couse (a), stati underlying couse PART 2 OTHER SIG Insulin | which mediate ng the e last. NIFICANT CO depend TION ADERLYING CAUSE OF DEAT | DUE TO, O b) DUE TO, O c) ONDITIONS CI let diai 19b. COND 21b. TIME CI HOUR A | COTONS OR AS A CONSEQUENCE ON TRIBUTING TO DETES THE MITTON FOR WHICH | ary ar UENCE OF DEATH BUT 11itus TH OPERATIO | mycardial i | MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \(\text{X} \) | 206. IF YES | WERE FINDI | NGS USE | D TH? |
| MEDICAL CERTIFICATION | gove rise to im couse (o), stofi underlying couse (o), stofi underlying couse (o) and | which mediate ng the e last. NIFICANT CO depend TION ADERLYING CAUSE OF DEAT CALL EXAMINER) TRIEL CHILLE CAUSE | DUE TO, O (c) DUE TO, O (c) ONDITIONS C (et dia) 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT MOME ST | COTONS OR AS A CONSEQUE ONTRIBUTING TO DETECTION FOR WHICE OF INJURY M. MONTH (I.M. OF INJURY REET, FACTORY, OFFICE | UENCE OF DEATH BUT LITUS H OPERATIO DAY YEAR 19 E. FARM ETC) | mycardial i | AINAL DISEASE OR CON 200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU | 20b. IF YES IN CERTIFY YE YE RY IN ITEM 18 P | EN IN PART 1: 5, WERE FIND! 5, YING CAUSE: 5 COUNTY | NGS USE S OF DEA NO | D TH? |
| | gove rise to im couse (a), stoti underlying couse (b), stoti underlying couse (couse (couse)) and (couse) and (cou | which mediate ng the e last. NIFICANT CO depend TION ADERLYING CAUSE OF DEAT CALL EXAMINER) THILE CHILLE CAUSE | DUE TO, O (c) DUE TO, O (c) ONDITIONS C (et dia) 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT MOME ST | COTONS OR AS A CONSEQUE ONTRIBUTING TO DETERMINED OF INJURY M. MONTH II M. OF INJURY REET, FACTORY, OFFICE The deceased from | UENCE OF D DEATH BUT 11itus CH OPERATIO DAY YEAR 19 E. FARM ETC) NOVEM 84 O | mycardial i NOT RELATED TO THE TERM - 10 years N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET ber 18, 1968 nd that in (my) XX opinion | AINAL DISEASE OR CON 200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR IC | 20b. IF YES IN CERTIF YE RY IN ITEM 18 P | EN IN PART 1: 5, WERE FINDI YING CAUSE: 5 ART I OR PART 2: COUNTY 19.84 r and from the | NGS USES OF DEA | ED.TH? |
| | gove rise to im couse (o), stofi underlying couse (o), stofi underlying couse (o). PART 2 OTHER SIG Insulin 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE IN NOTIFY MED 22a.1 certify that (1 saw the decead obove, (1) (XXX) | Which mediate ng the e last. NIFICANT CO ACPORT ADERLYING CAUSE OF DEAT CAUSE OF DEAT CALL EXAMINER) TREE THILE (INTERNATION (INTERNA | DUE TO, O (c) DUE TO, O (c) ONDITIONS C Ret dia 19b. COND 21b. TIME C HOUR A P 21c. PLACE (AT HOME ST We with body | COTONS OR AS A CONSEQUE ONTRIBUTING TO DETERMINED OF INJURY M. MONTH II M. OF INJURY REET, FACTORY, OFFICE The deceased from | UENCE OF D DEATH BUT 11itus CH OPERATIO DAY YEAR 19 E. FARM ETC) NOVEM 84 O | mycardial i NOT RELATED TO THE TERM - 10 years N WAS PERFORMED 21L HOW INJURY OCCUR 21L LOCATION STREET ber 18. 168. nd that in (my) XX opinion DEGREE ATTENDING PHYSICIAN X | AINAL DISEASE OR CON 200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR IC | 20b. IF YES IN CERTIFY YE RY IN ITEM 18 P | EN IN PART 10 S, WERE FINDI YING CAUSE: S COUNTY 19.84 r ond from the | NGS USES OF DEA | STATE |
| | gove rise to im couse (o), stofi underlying couse (o), stofi underlying couse (o) and | Which mediate ng the e last. NIFICANT CO ACPOND ADERLYING CAUSE OF DEAT CAUSE | DUE TO, O (c) DUE TO, O (c) ONDITIONS C (d) ONDITIONS C HOUR A P 216 PLACE (AT HOME ST VEX ottended the state of | COTONS OR AS A CONSEQUE ONTRIBUTING TO DETERMINED OF INJURY M. MONTH II M. OF INJURY REET, FACTORY, OFFICE The deceased from | UENCE OF DEATH BUT 11itus CH OPERATIO DAY YEAR 19 E. FARM ETC.) NOVEM 84 | mycardial i NOT RELATED TO THE TERM - 10 years N WAS PERFORMED 21L HOW INJURY OCCUR 21L LOCATION STREET ber 18. 168. nd that in (my) XX opinion DEGREE ATTENDING PHYSICIAN X 22e. ADDRESS | AINAL DISEASE OR CON 200 AUTOPSY? YES NO. RED (ENTER NATURE OF INJU CITY OR TO to October death occurred on the de | 20b. IF YES IN CERTIFY YE RY IN ITEM 18 POWN | EN IN PART 16 5, WERE FINDI YING CAUSE: S COUNTY 19.84 r ond from the | NGS USES OF DEAN NO [| STATE |
| MEDICAL | gove rise to im couse (o), stofi underlying couse (o), stofi underlying couse (o) and | Which mediate ng the e last with the last wi | DUE TO, O (c) (d) DUE TO, O (e) (e) DUE TO, O (e) | COTONS OR AS A CONSEQUENCE OF INJURY OF INJURY REET, FACTORY, OFFICE OFFICE OF INJURY REET, FACTORY, OFFICE O | DEATH BUT 11itus DAY YEAR 19 E. FARM ETC) NOVEM 84 . NAME OF C | mycardial i NOT RELATED TO THE TERM - 10 years N WAS PERFORMED 21L HOW INJURY OCCUR 21L LOCATION STREET ber 18. 168. nd that in (my) XX opinion DEGREE ATTENDING PHYSICIAN X 22e. ADDRESS | AINAL DISEASE OR CON 200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR TO to October death occurred on the d MEDICAL STA DIRECTOR PHYSIK PERS Avenue | 20b. IF YES IN CERTIFY YE RY IN ITEM 18 POWN 11. ote ond hou | EN IN PART 16 5, WERE FINDI YING CAUSE: S COUNTY 19.84 r ond from the | that 1) couses si | STATE |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove corbon poperation with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

etoined by the hospital or attending physicion.

BP.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a DATE OF DEATH DECEASED NAME MIDDLE MONTH 26 HOUR FIRST (TYPE OR PRINT) Lester MCALISTER October 27 1984 6:30m M & AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR 4. RACE 5 DATE OF BIRTH 3 SEX HOURS. DAYS White Male 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED USA South Baltimore County Carolina WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR I CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Franklin Square Hospital Construction Crane Operator Rossville 21237 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Middle River 12 Taxiway Ct. 21220 Maryland YES [] NO K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST David Mc Alister Hattie Gaines ADDRESS 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (# YES, GIVE WAR OR DATES) YES NO OR UNKNOWN) 248 22 8361 Helen McAlister (same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CARDIAC FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOV YES T NO F 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from Oct 12 19 84 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated sow the deceased glive on Oct above, (I) (we) (did) (did not) view 226 SIGNATUR DEGREE 22¢ DATE SIGNED 10. 27.84 MEDICAL ATTENDING STAFF PHYSICIAN | DIRECTOR | PHYSICIAN ! 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 9000 Franklin Square Drive 21237 Albert Lee M.D. 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL STATE

Helly Hill Mem. Gardens Baltimore County Md.

RAR 256 REGISTRAR'S SIGNA POR

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(VRA 15, 4)

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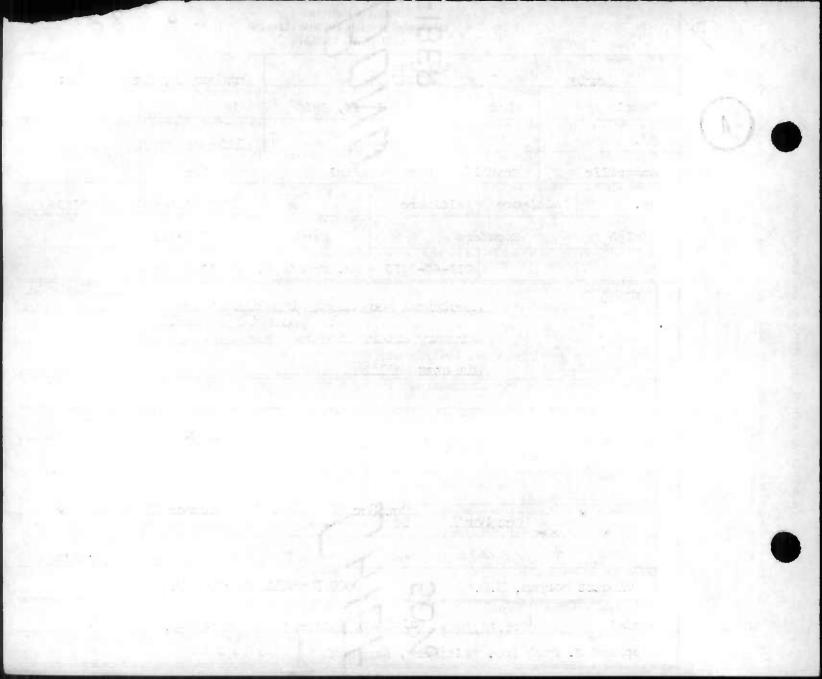
| offer death. | y the funded led villed | 57 |
|--|--|---|
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offererering teaching physician. | oletely filled in t id 2 should be f | Spine St. Spine |
| | sicion and comp pers. Pages 1 or ol. | the medicol examiner must |
| | nove corbonpo otion, or remov | froumatic event |
| and form cannot | n signed by the Then pleose ren to buriol, crem | njury, or other |
| ohysicion. | ficote hos been tronsit permit. | 18 shows ony |
| eromed by the hospital of offending priyacion. | TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundational be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filed with a with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical pramines must be notified or |
| SOTOSGIO IAG | detoched for a | NT: If hem 21 is |
| TO CLINIC | should be | IMPORTA |

STATE OF MARYLAND

| | FOR STATE REGISTRAR | | | HEALTH AND MENTALNYG | REG. N | o. | 0 | | | |
|--|--|--|---|---|---|-------------------------------|-------------------------|--|--|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) Marie | WIDDLE | MCCOLLUM MCCOLLU | LAST | 20. DATE OF DEATH October 1 | 5 1984 | | 5:10P M | | |
| 1 | 3. SEX | 4. RACE | | OF BIRTH | & AGE (IN YEARS LAST BIR | THDAY) IF UND | DER 1 YEAR | F UNDER 74 HRS | | |
| | Female | White | Jul | Ty 24, 1950 AR | 34 | YRS. | | HOURS MIN. | | |
| | 7a BIRTHPLACE (STATE OR FOREIGN | BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED MARRIED WIDOWED WIDOWED | | | Baltimore County of Death Baltimore County | | | | | |
| 7 | 10. CITY OR TOWN OF DEATH ROSSVIlle | 11. NAME OF HOSPI (IF NOT IN SUCH FACIL Franklin | TAL, NURSING HOMI ITY, GIVE STREET ADDRESS) I Square Ho | or other institution ospital | (TYPE OF WORK FOR MOST OF HOMEMAKER | | b. KIND OF I IDUSTRY | BUSINESS OR | | |
| 1 | USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13, COU | ROTHER INSTITUTION GIVE REINTY LIMOTE BA | SIDENCE BEFORE ADMISSION ITY OR TOWN Itimore | 13d. INSIDE CITY LIMITS? YES NO 📉 | 13e.STREET ADDRESS . 4207 Wir | ZIP CODE | Way 21 | 1236 | | |
| 9 | AdoIph | Escudero | LAST | Mary | MIDDLE | itti | LAST | | | |
| ٦ | 160 WAS DECEASED EVER IN U.S. A | | OCIAL SECURITY NO | . 17 INFORMANT | ADDRE | SS | | | | |
| 9 | (YES NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) 21 | 9-60-9875 | Mr. Dennis D | . McCollum | Same | | | | |
| The last term of the Publishment | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A DUE TO, OR AS A DUE TO, OR AS A (c) Dia CONDITIONS CONTRI | A CONSEQUENCE OF ONARY Arte A CONSEQUENCE OF betes Mell BUTING TO DEATH B | ery Disease itus ut not related to the term | dial Infaro | DITION GIVEN IN | | | | |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION | FOR WHICH OPERAT | ION WAS PERFORMED | 200 AUTOPSY? 201 IF YES. YES □ NO → YES | | | S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \) | | |
| 1 | OR CONTRIBUTION CALLES OF D | EATH HOUR A.M. | URY MONTH DAY YEA 19 | | RED (ENTER NATURE OF INJU | RY IN ITEM IS PART I O | OR PART 2) | | | |
| | (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK | 21e. PLACE OF IN. | JURY CTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | wn c | OUNTY | STATE | | |
| | 220.1 certify that (this has sow the deceased alive a above, (we) (did) (and the source) | n October | eased from OCTO 15 19 84 death. | and that in (air) (our) opinion | , toOctobe death occurred on the d | or 15 19_ ote and hour and | from the co | ouses stated | | |
| | 226. SIGNATURE | Morgan | -, m.D | DEGREE ATTENDING PHYSICIAN | MEDICAL STA DIRECTOR PHYSIC | FF | 10/15 | IGNED | | |
| | Vincent Mor | | CR. | 9000 Frankli | n Square Di | ., 21237 | 7 | | | |
| | 23g BURIAL, CREMATION, REMOVA (SPECIFY) Burial | Oct.18.19 | | cemetery or crematory nore National | 23d LOCATION CITY OF TOWN Baltimo | | Md. | STATE | | |
| | 24 FUNERAL DIRECTOR LEGnard J. Ru | ck Inc. Bal | ltimore, M | | CT 16 1984 | 75h REGISTRARS | PAIGNAM | Moularine | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. executed within 24 hours after requires that the death certificate be ottending physician

STATE OF MARYLAND

| 1 - | FOR STATE REGISTRAR | | DEPARTM | | CATE OF | DEATH | GIENE REG. | NO | | | |
|-----------------------|---|--|--|---|------------|------------------------|--|-----------------|---|------------------------------|----------------|
| 1. DE | CEASED NAME FIRST | | MIDDLE | LA | ST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 2b. HOU | R |
| (TYPE | OR PRINT) Cather | ine | E. 1 | McElr | оу | | | 10 | 4 84 | 9:40 | P _M |
| 3. SE | | 4 RACE | | 5. DATE O | | 1560.0 | 6. AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DAYS | HOURS | 24 HRS MIN. |
| | Female | Whit | | 8 | 12^ | 1892 | 92 | YRS | | | |
| 7a BI | | | | MARRIED WIDOWEL | | R MARRIED S | Baltimore city | | | | MD. |
| 10 CI | Towson | | HOSPITAL, NURSING HEACILITY GIVE STREET AND POSSOR | | | | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS Teacher | | SUFE) 126. KIND INDUSTRY Scho | of BUSINE | SSOR |
| USU/ 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE 136, COL | alto. | GIVE RESIDENCE BEFORE A | | 13d INSIDE | CITY LIMITS? | 13603 Watto | rd Co | 00Ett- 21 | 093 | |
| | THER'S NAME Samuel | MIDDLE | McElroy | | | r's maiden na Annie | AME | | Kess | ler | |
| | VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C | RMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECUR 214-40- | | Mr. I | | E. Mason | RESS •1603 | Watford | Ct. | 21093 |
| MEDICAL CERTIFICATION | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, O CONDITIONS CO ATE CAUSE (b) DUE TO, O (c) CONDITIONS CO TO THE CONDITIONS CO ATERN 21b. TIME CO HOUR A P. 21c. PLACE (AT HOME, ST poitol) ottended the control of the conditions of the cond | R AS A CONSEQUENT R AS A CONSE | NCE OF NCE OF EATH BUT II OPERATION Y YEAR 19 RM. EIC) | 21c. HOW | INJURY OCCUR | 200 AUTOPSY? YES NOT CITY OR CITY OR death occurred on the | 20b IF Y IN CER | G(VEN IN PART 1 YES, WERE FIND TIFYING CAUSE YES OUNTY COUNTY | INGS USER S OF DEAT NO | TATE |
| | Dr. Edward | | | | | | d. 21204 | | | | |
| 230 1 | BURIAL CREMATION REMOVA | I Tash DATE | 72. N. | | | D C DE MATORY | | | | | |

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

Burial Burial 10-8-84 Black Rock Baptist

Butler

Balto.

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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retoined by the hospital TO HOSPITAL

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21204 24 FUNERAL DIRECTOR Ruck Towson Funeral Home Inc. 1050 York Rd.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 251 CHAINE.

2001.5 Paral no see S. PRINCE S. D. P. B. CEPLER, MADE P. ANDR. . Arts and . SELECT OF BUILDING BUILDING

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled we with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical examine

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALBYGIENE

6

| 1 - | FOR STATE REGISTRAR | | | DEP | | HEALTH AND MENTALBYG FICATE OF DEATH | REG. NO | o. | , , | | |
|-----------------|---|---------------|--|---------------------------|---------------|--|----------------------------|---------------|-------------------|----------------------------------|--|
| | CEASED NAME | | A Sist | _ | nna Ma | | 20. DATE OF DEATH | HTMOM | DAY YEAR | 26. HOUR A | |
| Catherine C. Mc | | | | | | cKeon | 6. AGE LIN YEARS LAST BIR | | 7 1984 | IF UNDER 24 HRS. | |
| | emale | | | /hite | Oct | H DAYYEAR | 93 | YRS. | MONTHS DATS | HOURS MIN. | |
| 7a. BI | RTHPLACE (STATE OR | FOREIGN 76 | CITIZEN OF | WHAT COUN | TRY? 8. | ED NEVER MARRIED | 1. BALTIMORE CITY O | R COUNT | Y OF DEATH | | |
| | ew York | | US | A | WIDOW | ED DIVORCED | D DNORCED Baltimore County | | | | |
| | TY OR TOWN OF DE | ATH 11 | | | | OR OTHER INSTITUTION | 17g. USUAL OCCUPATI | ION | 126. KIND O | F BUSINESS OR | |
| | owson | | 1001 West Joppa Rd Mission | | | | Nun Religious | | | | |
| 13a. S Ma | at residence if nur state aryland | Baltir | nore | 13c. CITY OR Tows | TOWN On | YES NOX | 130 STREET ADDRESS | loppa | Rd., 2 | 21204 | |
| 14. FA | THER'S NAME | | DOLE | LAS | | 15. MOTHER'S MAIDEN NA | WIDDLE | | LAS | | |
| 000 | John | | F. McKeon | | | Mary 17. INFORMANT | T. | | McKeon | | |
| | VAS DECEASED EVER | | VAR OR DATES) | 12 C A D | | | | 100 | | | |
| | No | | | | 4-7395 | Convent Re | cords, 100 | 1 W. | | | |
| | 18 CAUSE OF DEAT PART I. DEATH V | H (Enter only | one couse per | r line for (0) | b), and (c).) | | 1.1 | | BETWEEN | MATE INTERVAL ONSET AND DEATH | |
| | IMMEDIATE CAUSE (0) Cardiopulmonon failure | | | | | | | | | | |
| 13 | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | Canditions, if any, which (b) | | | | | | | | | | |
| | couse (a), stating the DUETO OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | underlying cause last. | | | | | | | | | | |
| NO | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERATION 19b. COND | | ITION FOR WHICH OPERATION WAS PERFORMED | | | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED TO CERTIFYING CAUSES OF DEATH? YES NO NO NO | | | | | |
| ĕ | 210. ACCIDENT WAS UNDERLYING 716. TIME C | | | FINJURY M. MONTH DAY YEAR | | | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 | PART I OR PART 2) | | |
| | OR CONTRIBUTING CAUSE OF DEATH HOUR | | | P.M. 19 | | | | | | | |
| WEDICAL | 21d. INJURY OCCURRED 21e PLAC | | 21e PLACE | CE OF INJURY | | 21f. LOCATION | CITY OF TOWN | | COUNTY STATE | | |
| ¥ | WHILE NOT WHILE AT WORK | | REET, FACTORY, OFFICE FARM, ETC.) STREET | | CITORIO | WN | COUNTY | STATE | | | |
| | 22a.1 certify that (I) (this haspital) attended the deceased from | | | | | | | | | | |
| | saw the deceased alive an | | | | | | | | | | |
| | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10 (4) 84 | | | | | | | | SIGNED | | |
| | 17/4 PHYSICIAN'S NAME (TIMICOMINITY) 270. ADDRESS | | | | | | | | | | |
| | Albert F. DeLosky, M.D. 660 Kenilworth Dr., Towson, Md. 21204 | | | | | | | | | | |
| | BURIAL, CREMATION | , REMOVAL | 23b. DATE | | 23c. NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | STATE | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

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| 1 | 1 - | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL WIGHER CERTIFICATE OF DEATH REG. NO. | | | | | | | |
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| ١ | | CEASED NAME FIRST | | MIDDLE | - L | AST 1 (. | 20. DATE OF DEATH | MONTH DAY | YEAR / 2b. | HOUR |
| | (TYPE | Agne Agne | S 1 | M. / | mª Le | zughlan | / | 0 /3 | 84 | 8 % |
| ١ | 3. SEX | | RACE | • | S. DATE C | OF BIRTH | 6. AGE LIN YEARS LAST BIR | | | UNDER 24 HRS. |
| 1 | - | Female | 0 | White | MONTH | DAY YEAR | 73 | YRS. | S DAYS HC | DURS MIN, |
| 4 | 7n. BIE | RTHPLACE STATE OF FOREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 1. | -/- | 9 BALTIMORE CITY O | | EATH | |
| 1 | .0 | Maryland | U | .S.A. | MARRIE | | Battimo: | 10 0 | 12170+ | 11 40 |
| | IO CIT | and the second s | I. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | ION 121 | KIND OF BL | JS NESS OR |
| A | | iwson 1 | stell | HEACILITY, GIVE STREET | 15 1 | tospice | Ret. Cas | hier IN | DUSTRY | |
| 7 | 130. S | Maryland V | THER INSTITUTION Y | 13c CITY OR TOW Baltimo | n re | 134 INSIDE CITY LIMITS? YES A NO | | ZIP CODE ford Ter | race 2 | 21214 |
| 1 | 14 FA | THER'S NAME FIRST MI | DDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | LAST | |
| 1 | | Frank | | Boehmlein Eva | | | Not Known | | | |
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| | | 220.1 certify that (1) (this hospital sow the deceased alive on _ above, (1) (we) (did) (did nat) | ~ | 19 | or | nd that in (my) (our) opinion | death occurred on the d | | from the cou | |
| | | 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | | | | | | | | |
| II | | 22d PHYSICIAN'S NAME (TYPE OR) | PRINT) | | | 22e ADDRESS | | | | |
| | | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. | NAME OF C | EMETERY OR CREMATORY | 236 LOCATION | COU | TINITY | STATE |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALNYGIEN

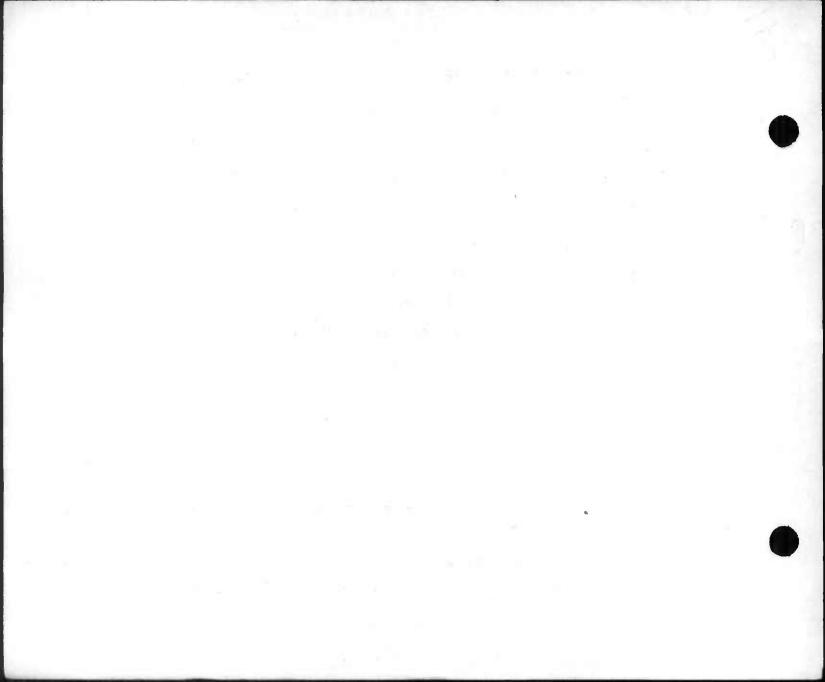
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| h od | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | | | |
| nerg in 72 | | THE | USA | WIDOW | | 1Daltamore | County | 1 | MD. |
| by the fu | 10. C | OSSVILLE | 11. NAME OF HOSPITAL, NURSI I IF NOT IN SUCH FACILITY, GIVE STREE | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION OF WORK FOR MOST OF | F WORKING LIFE | 126. KIND O INDUSTRY | F BUSINESS OR |
| filled in hould be | USU, 13a. S | STATE, 136 20U | OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO VICE TO VI | RE ADMISSION) | 13d. INSIDE CITY LIMITS | 2052 Win 16 | ZIP CODE | Place | 21237 |
| completely filled in by the funeral director. I I and 2 should be filed within 72 hours after the strong of the st | | THER'S NAME FIRST ARE ES | MIDIRE LAST | | 15. MOTHER'S MAIDEN | 1 ROMER MIDDLE | 1 | LAS | |
| oge ogedic | | VAS DECEASED EVER IN U.S. AR YES, NO GRUNKNOWN) IIF YES, GIV | MED FORCES? 166 SOCIAL SEC 16 WAR ORDATES) 2/8-46 | URITY NO. -1589 | IT INFORMANT | y RÉCORUS | ESS | | |
| ng physicion bonpapers. F removal. c event, the n | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT | oly one cause per line for (a), (b), a D BY: TE CAUSE (a)Respirat(| ory Fa | ilure | 1 | | BETWEEN C | MATE INTERVAL INSET AND DEATH |
| yy the attendin se remove cork cremotion, or ather troumatic | | Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE (b) Congestive (b) Congestive (b) DUE TO, OR AS A CONSEQUENCE (c) Renal Fat | | rt Failure | | _ | | 1 |
| signed the ben pleated to buriol. | NO | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO | | NOT RELATED TO THE T | ERMINAL DISEASE OR CON | DITION GIVE | EN IN PART Tro | |
| hos been it permit. I iene priorit | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | H OPERATIO | ON WAS PERFORMED | 20a AUTOPSY? YES □ NO【X | IN CERTIFY | , WERE FINDIN YING CAUSES | IGS USED OF DEATH? NO |
| riol-tronsi entol Hygi tem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH D | PAY YEAR | 21c. HOW INJURY OCC | CURRED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART 1 OR PART 2) | |
| fter this os the but the and Minard M | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE, | | 21f LOCATION STREET | CITY OR TO | | COUNTY | STATE |
| DIRECTOR: A ached for use Dept. of Heol If Item 21 is mo | | saw the deceased alive an above, (4) (we) (did) (did no | tal) attended the deceased fram. October 4. 19 1) view the bady after death. | Septe 84 | nd that in (aur) apin | 4 to <u>Uctober</u> nan death occurred on the d | | and from the | 1 - 1 |
| JERAL DIRECTOR State Dept. | < | 22b. SIGNATURE | lalolos | M.D. | DEGREE ATTENDING PHYSICIAL | | | 22c. DATE | 04/84 |
| should be deto with the State Dimportant: If | | Linda A. | V. Ilaloba | 25 h | -1 | nklin Sq. Dr. | , 2123 | 7 | , |
| | | BURIAL CREMATION, REMOVAL | 14 1 21 | | CEMETERY OR CREMATO | R 23d LOGATION | 6 | AND | STATE |
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

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| 3. SE) | × Female | | 4 RACE Whit | e | 5. DATE OF E | 30, 1900 | 6. AGE (IN YEARS LAST BIRTH | YRS. | | IF UNDER 24 HOURS |
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| | RTHPLACE (STATE OR F COUNTRY) Maryland | | U.S. | | WIDOWED [| | Baltimo | re Cou | nty | |
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| 13a. S | AL RESIDENCE (# NURS STATE Md. | 13b. COUN | OTHER INSTITUTION, VITY 110. | GIVE RESIDENCE BEFORE 13c CITY OR TOW Reister | rstown 13 | d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / 1500 Owing | | 21. | 136 |
| 14. F.A | John | Frqn | WIDDLE | Michael | 15 | MOTHER'S MAIDEN NA | Margare | | Groe | ninge |
| | NAS DECEASED EVER YES, NO OR UNKNOWN) | | MED FORCES? /E WAR OR DATES) | 216-07-6 | | Joseph Micha | addres woodle | | ,Reis | terst |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funishould be detached far use as the burial-transit permit. Then please remove corbanapapers. Pages 1 and 2 shauld be filed within with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | 90 | e afte |
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| 1 | I tems #5&6fg 598-12/20/84 jp STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTALDYGIENE CERTIFICATE OF DEATH DEPARTMENT OF DEATH DEPARTMENT OF DEATH DESCRIPTION OF DEATH DESCRIPTION OF DEATH DESCRIPTION OF DEATH |
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| rely filled is 2 should be | Maryland State Iso COUNTY Iso CITY COUNTY Iso STREET ADDRESS / ZIP CODET emple Garden |
| and complete | Maurice Schwartzberg Hattie Brown Mode Schwartzberg Hattie Brown Mode Brown |
| og 5 5 | No No OR UNKNOWN) (16 YES, GIVE WAR OR DATES) 214-14-8798 Mr. Richard Baer 2705 Geartner Rd. 21208 |
| that the death cer d by the attending ease remove cabo ol, cremotion, or re or other troumotice | Conditions, if ony, which gove rise to immediate cause (a), stofting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Conditions (b), or a cause per line for (a), (b), and (c). DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate cause (a), stofting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Conditions (c). DUE TO, OR AS A CONSEQUENCE OF Conditions (c). DUE TO, OR AS A CONSEQUENCE OF Conditions (c). |
| n. no bermit. ne prior | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. TIME OF INJURY 211. TIME OF INJURY 212. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. TIME OF INJURY 212. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 213. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTERNATURE OF INJURY) IN ITEM 18 PART 1:00 PART 1:00 215. TIME OF INJURY |
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| After the calth and marked | WHILE AT WORK AT WORK COUNTY STATE WHILE AT WORK IN NOT WHILE AT WORK (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 12a. I certify that (I) (this hospital) attended the deceased from the deceased from the deceased of the |
| by the haspital by the haspital ERAL DIRECTOR. e detached for to State Dept. of He NNT: If them 21 is | 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10-28-89 |
| retained by the TO FUNERAL E should be detained with the State I IMPORTANT; IF | 1224 PHYSICIAN'S NAME (1496 ORPRINI) Kenneth L. Glick MD 102195 Dolfiell Rd. Owings mills mp 21117 |
| BP | 236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION CITY OF TOWN COUNTY STATE 10/29/84 |



BP______ DHMH - 16 50M 4/83

(VRA 15, 4)

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FOR DEPARTMENT OF STATE REGISTRAR CERTIF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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| LEASE | CREENT | Louis | | S | W | 73/11/1 | | | 10 | 27 | 84 | 12 | 18 PM |
| 1.58 | X | | 4 RACE | | 5. DATE C | OF BIRTH | | 6. AGE (IN YEARS LAST BI | RTHDAY) | | DER I YEAR | IF UNDE | R 74 HR5 |
| | Male | 10.18 | whit | 2 | MONTH 12 | 25 | 07 | 7 | 6 YRS | | S DATS | HOURS | MIN. |
| | RTHPLACE (STAT | E OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | | | 9 BALTIMORE CITY | OR COUN | TY OF D | EATH | | |
| | Baltic | 100 | et all | | WIDOWE | D NEVER / | VORCED | Baltimor | e Co | unty | , | 11/ | MD |
| MI.C | Dondall | | (IF NOT IN SU | HOSPITAL, NURSIN | ADDRESS1 | | | (TYPE OF WORK FOR MOST Wholesale | OF WORKING | STIFE) IN | KIND O | | IESS OR |
| HISU | Kandalls AL RESIDENCE (# | | DATE: | nore Coun | ADMISSION) | neral E | ospital | | | | 1771 | 77 | 7 |
| | STATE | THE CORE | | 13c. CITY OR TOW | | 13d. INSIDE C | ITY LIMITS? | 134 STREET ADDRESS 3601 | ZIP CC | DE | 40 | hung | 2 |
| | Maryland | 1 - | | Baltimo | re | YES | NO 🗌 | 3601 | Clar | KS L | ane | Unit | . G |
| 14. FA | THER'S NAME | | | | 30 | 15. MOTHER | MAIDEN NAM | | | | | | |
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| | | ouse lost | 100010,0 | AS A CONSEGUE | LIACE OI | | | | | | | | |
| | | | (c) | | | | | | | | | | |
| 7 | PART 2. OTHER | SIGNIFICANT | CONDITIONS | ON I KIROLING TO I | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR COM | ADIIION | PINENIN | I PART III | 3. | |
| CERTIFICATION | | oers - | | | | | | | | 0.41 | | | |
| 1 3 | 190 DATE OF OP | ERATION | 196. COND | ITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? | | | RE FINDING CAUSES | | |
| Ĕ | | | | | | | | YES T NOT | INCER | YES | CAUSES | NO | |
| - E | | consequence E | 7 21b. TIME (| DE INCHIENCE | | Tal. HOW/h | LILIBY OCCUPA | | | 1 | | 140 | |
| | 21a. ACCIDENT WA | | - 110110 4 | .M. MONTH DA | AY YEAR | ZIC HOW IN | JURY OCCURR | RED (ENTER NATURE OF INJ | JRY IN ITEM | 8 PARTIC | JR PART 2) | | |
| ¥ | | MEDICAL EXAMINE | NID . | .M. | 19 | 10000 | | | | | | | |
| 8 | 21d. INJURY OC | | | OF INJURY | - 17 | 21f. LOCATIO | ON | | - | | | | |
| MEDICAL | | OI WHILE | | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET | | CITY OR T | OWN | C | OUNTY | | STATE |
| | | I WORK | | | | | | | | | | | |
| | 220.1 certify the | of Nu (big Hospi | ital) attended t | he deceased from_ | 3 TU | 4 | 19.37 | 10 270 | ci | . 19_ | 9 | that M | (we) lost |
| | | ceased alive on | | 19 | 7 | nd that in (my) | (our) opinion o | death occurred on the | late and h | our and | from the | couses s | toted |
| | above, (1) (y | wild) die no | t) view the body | y after death. | | | , , , , | | | | | | |
| | 226 SIGNATURE | 1/X | | | | DEGREE | | | | | 22c DATE | | |
| | | VA | | | | | ATTENDING | MEDICAL STA | | | 10-2 | かわ | / |
| 1 | 22d PHYSICIAN | CNIA | | | | 22e. ADDRES | | DIRECTOR FIII 3 | CIAIN | | | - | |
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| | HICH | n. | ETIM | ~6 | | 194c | fors. | s rave . | 2122 | | | | |
| 122- | BUDIAL CREATAN | ON PENOUS | Test DATE | 22. 1 | LAME OF C | EMETERY OR | CDEMATORY | 23d LOCATION | | | | | |
| | BURIAL, CREMATI | | | | | | | CITY OR TOWN | | COL | | | STATE |
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| 24 F | UNERAL DIRECTO | OR | 7 | | | | | E REC'D. BY REGISTRA | | ISTRAR'S | SIGNAT | URE | |
| | NAME | | 1 0 | ADDRESS | | 1000 | 00 | TOO | P | 240 | | | |
| | Hebrew | memoria | at Fune | ral Home, | Inc. | Pikesvi | 11e, 140 | 1 2 3 1984 | Clarlin. | Acres | Breeze 7 | made | 60 |

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| - | STATE |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | - 4 | 17 | South |
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| 2 | 6 | .5 | 0 | O |
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| 1. DECEASE | | | | | | | | | |
|--|---|------------------------|--|---|--|--|--|---|------------------------------|
| (TYPE OR PRIN | | , | MIDDLE | U | ST | REG. NO 20 DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| | Saral | Ma | 137 | Mi1 | 1or | 10-24 | -84 | | 1240 |
| B. SEX | Salai | 4. RACE | Ly | 5. DATE O | | 6. AGE (IN YEARS LAST BIRT | HDAY) IF | UNDER I YEAR | IF UNDER 24 HRS |
| | nale | White | | May | 5,1892 YEAR | 92 | YRS | NTHS DAYS | HOURS MIN. |
| | yland | 7b. CITIZEN OF | WHAT COUNTRY? | MARRIED | NEVER MARRIED | Baltimore city of Baltimore | | | M |
| | TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSING THE STREET A Care-Ruxt | G HOME O | R OTHER INSTITUTION | 17a. USUAL OCCUPATK ITYPE OF WORK FOR MOST OF Homemaker | WORKING LIFE) | 126. KIND OI INDUSTRY | F BUSINESS O |
| Mary 1 | | | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN TOWSON | | YES NO 🔀 | 13e.STREET ADDRESS / 1634 Gler | | Blvd | 2120 |
| 4. FATHER'S | s name frst nn B. Touhy | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM Catherine | MIDDLE | | LAST | |
| | CEASED EVER IN U.S. | ARMED FORCES? | 16b. SOCIAL SECUI | RITY NO. | 17. INFORMANT | ADDRE | SS | | |
| No | OR UNKNOWN) (IF YES, | GIVE WAR ON DATES | 215-56-6 | 5971 | Emory S. Mil | ler Sa | ıme | | |
| cous | e rise to immediate e (a), stating the erlying cause last | DUE TO, O | R AS A CONSEQUE | | clenos | | TE: | | |
| unde | e (a), stating the erlying cause last | (Ic)_ | R AS A CONSEQUE | NCE OF | NOT RELATED TO THE TERM | | DITION GIVEN | IN PART 110 | y. |
| unde | e (a), stating the erlying cause last | t conditions <u>co</u> | R AS A CONSEQUE | DEATH BUT | | | 20b. IF YES, V | WERE FINDIN | IGS USED |
| PART 19a D/ | e (a), stating the erlying cause last | T CONDITIONS CO | R AS A CONSEQUE | NCE OF DEATH BUT OPERATION | NOT RELATED TO THE TERM | 200. AUTOPSY? YES NO | 20b. IF YES, V IN CERTIFYII YES | WERE FINDIN NG CAUSES | IGS USED OF DEATH? |
| PART OP COLUMN UNDER COLUMN UND | e Io), stoting the erlying couse lost. 2 OTHER SIGNIFICAN ATE OF OPERATION ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF INTERPLICAL EXAM UNDERLYING OCCURRED E NOT WHILE | T CONDITIONS CO | R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. | OPERATION OPERATION AY YEAR 19 | NOT RELATED TO THE TERM N WAS PERFORMED | 200. AUTOPSY? YES NO | 20b. IF YES, VIN CERTIFY II YES | WERE FINDIN NG CAUSES | IGS USED OF DEATH? |
| PART 19a D/ 19a D/ 21a. A OR CO (FE L) 12d. IN MILL AT WOO 22a. I | e Io), stoling the erlying couse lost. 2. OTHER SIGNIFICAN ATE OF OPERATION ACCIDENT WAS UNDERLYING DAIRBUILING CAUSE OF CHIER. NOTHY MEDICAL EXAMINIUMY OCCURRED. | T CONDITIONS CO | R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA | DEATH BUT OPERATION AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION | 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR | 20b. IF YES, VIN CERTIFYII YES IY IN TEM 18 PART | WERE FINDING CAUSES 1 1 OR PART 2) COUNTY | IGS USED OF DEATH? NO STATE |
| WHILL A SO O 226. S | e Io), stating the erlying couse lost. 2. OTHER SIGNIFICAN ATE OF OPERATION ACCIDENT WAS UNDERLYING SHIRBUTING CAUSE OF CHIPMER, NOTIFY MEDICAL EXAMINATION CONTROL CERTIFY HOTO (I) (this he can the deceased aliquibove, (1) (we) (did) (did) (GNATURE) | T CONDITIONS CO | R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA | OPERATION OPERATION Y YEAR 19 ARM. ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 19 d that in (my) (our) apinion of the company of the | 200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW MEDICAL STAF | 20b. IF YES, VIN CERTIFYII YES YIN ITEM 18 PARTI | WERE FINDING CAUSES 1 1 OR PART 2) COUNTY | IGS USED OF DEATH? NO STATE |
| PART UP 19a D/ 21a. A COR | E IO), stoling the erlying couse lost. 2. OTHER SIGNIFICAN ATE OF OPERATION ACCIDENT WAS UNDERLYING SHIRBUTING CAUSE OF CHIPMEN CAUSE OF CHIPMEN COLURRED RE NOT WHITE CERTIFY HOOF COLURNED RE NOT WHITE CERTIFY HOO (I) (this ho can the deceased alique above, (1) (we) (did) (did) (GNATURE) HYSICIAN'S NAME (TYPE) | T CONDITIONS CO | RAS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH IT OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA de deceased from after death. | OPERATION OPERATION Y YEAR 19 ARM. ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET 19 d that in (my) (our) apinion of the company of t | 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJURE CITY OR TOVE MEDICAL STAF DIRECTOR PHYSIC | 20b. IF YES, VIN CERTIFYII YES VIN ITEM 18 PARTI | WERE FINDING CAUSES 1 TOR PART 2) COUNTY 22c. DATE | STATE |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR 74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

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n and campletely filled in b Pages 1 and 2 should be fil

STATE OF MARYLAND

| 1- | FOR STATE REGISTRAR | | | DEPARTN | | EALTH AND MENTA () | YGIENE | REG. NO | o. | | |
|---------------|--|---|------------------------|--|--------------------------|---|-------------------|-----------------|------------------|---------------------|----------------------------------|
| | CE ASED NAME OR PRINT) | FIRST | A | AIDDLE | U | AST | 20 DATE | OF DEATH | MONTH D | AY YEAR | 76 HOUR |
| line | An | n (| Consta | ance | MISK | IFWIC7 | ОСТ | ORFD 2 | 3 100/ | | 10:35 % |
| 3 SEX | | | RACE | | 5. DATE O | | | OBER 2 | | FUNDER I YEAR | IF UNDER 24 HRS |
| 20 | Female | | Whit | e | Sep | t. 23 1920 | 64 | | YRS. | ONINS DAYS | HOURS MIN. |
| | RTHPLACE (STATE OR I | FOREIGN 7b | CITIZEN OF | WHAT COUNTRY? | 8. MARRIET | NEVER MARRIED | 9 BALTIA | AORE CITY O | R COUNTY | OF DEATH | |
| 4. | Md. | | U.S | | WIDOWE | D DIVORCED [| | IMORE | COUNTY | | MD. |
| 10. CI | TY OR TOWN OF DEA | ATH 11 | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | | OCCUPATE | | | F BUSINESS OR |
| | Baltimor | e | | | | Hospital | Mar | ina O | wner | | ht Sales |
| 13a. S | AL RESIDENCE (IF MURS TATE Md. | II36 COUNTY Balt | 1 | GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimo | N | 13d. INSIDE CITY LIMITS? | 13. STREE | TADDRESS A | ZIP CODE ROSE | Farm | 21220 Rd. |
| 14. FA | THER'S NAME | | | | | 15 MOTHER'S MAIDEN | NAME | | | | |
| | Michael | AAIC | DDLE | Mostwik | oska | FIRST | anor | MIDDLE | | Tis | |
| | VAS DECEASED EVER | | | 166 SOCIAL SECU | | 17 INFORMANT E | | ADDRE | | | same |
| - 0 | no or unknown) | (IF YES, GIVE W | VAR OR DATES) | 217-05- | 8306 | Edward M: | iskiew | ricz (| husba | and) | address |
| | PART I. DEATH W Conditions, if ony, gove rise to immage (o), stating underlying couse | /AS CAUSED I IMMEDIATE (, which mediate ng the | DUE TO, OI | | LMONAL NCE OF INFA | | | | | | MATE INTERVAT ONSET AND DEATH |
| | PART 2. OTHER SIGN | NIFICANT CO | NDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TE | RMINAL DISE | ASE OR CON | DITION GIVE | N IN PART I | 0 |
| CERTIFICATION | 19a DATE OF OPERA | TION | 196 CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AL | JTOPSY? | | WERE FINDING CAUSES | |
| EDICAL CER | 71a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI | CAUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCC | URRED (ENTER | NATURE OF INJUI | RY IN ITEM 18 PA | RITORPAREZ) | |
| MEDI | 216 INJURY OCCUR | HITE | | REET, FACTORY, OFFICE F. | | 211 LOCATION STREET | 0 | CTORED | | COUNTY | STATE |
| | 22a. certify that saw the decease above, (we) | ed olive on . I | H. LUBER | 1 19 | 84—. or | d that in (💓 (our) opini | , to | CTOBER | | | that (we) last couses stated |
| | 276 PHYSICIAN'S N | 25 | ecifi | Jol 97. | D. | DEGREE ATTENDING PHYSICIAN 122e ADDRESS | MEDICA DIRECTO | AL STAI | FF (IAN (F) | 224 DATE | 23-84 |
| 1 | MOLENTSICIAN S N | MINE (TYPE OR P | KIMI) | / | | THE ADDRESS | | 001110 | | | |

230 NAME OF CEMETERY OR CREMATORY

St. Stanislaus

9000

TO FUNERAL DIRECTOR: After BP

DHMH - 16 50M 4/83 (VRA 15, 4)

morked or Item 18 shows

IMPORTANT: If Item 21 is should be detached for with the State Dept. of

> 10/26/84 ^{24 FUNERAL DIRE} Schimunek Funeral Home, Inc. 9705 Belair Rd., Balto. Md. 21236

WIEDEFFLD

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d LOCATION
CITY OF TOWN
Baltimore 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FRANKLIN SQUARE DR., 21237

Mď.

COUNTY

Like Davidson-Bondale

The state of the s certificote

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

BP______ DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

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| tim | 0 | |

| 1. DECI | EASED NAME | | | | | | | | | | | | | |
|-----------------|---|--|--|--|----------------------------------|--|--|--|--|--|--------------------------|-----------------------------|--------------------------------|-----------------------|
| | \P 00 (b. 1) | FIRST | | AIDDLE | Ü | AST | | 2a. DATE O | DEATH | HINOM | DAY | YEAR | 26 HO | JR |
| 3. SEX | SK FRIIVI) | ALICE | E F | RAE | MO | HL | | | | 10 | 13 | 84 | 8: | 0 5AM |
| | | 4, | RACE | | S. DATE O | | | 6. AGE (IN | EARS LAST BIR | THDAY) | | DERIYEAR | IF UNDE | |
| | FEMALE | -045 | WF | HITE | MONTH 9 | DAY 1 | 32 | | 52 | YRS | MONTH | DAYS | HOURS | MIN. |
| 7a. BIR | THPLACE (STATE OR | FOREIGN 7b | | WHAT COUNTRY? | 8 | 69 | | 9. BALTIMO | | | | EATH | | |
| | DUNTRY) | | U.S.A. | | WIDOWE | NEVER MA | RRIED 🛄 | BAL | TIMO | RE (| COUN | ITY | | MD. |
| | ryland Y OR TOWN OF DEA | ATH 1 | | OSPITAL, NURSIN | | | | 12a USUAL | OCCUPATI | ION | 121 | L KIND O | F BUSIN | |
| Service of | OWSON | | | 6701 NES | | RLES ST | | Wait | ress | OF WORKING | | idustry esta | urar | nt |
| 13a ST | L RESIDENCE (IF NURS TATE Cyland | Balti | Υ | GIVE RESIDENCE BEFOR 13c. CITY OR TOW Lansdov | 'N ! | | 0 🖫 | 13e.STREET 2907 | | | | y Ro | ad | 2122 |
| 14 FAT | THER'S NAME FIRST Paul | | Nelson | last M a | rtin | 15. MOTHER'S A | ST | ΛE | Made | line | | LAS | Hur | Ley |
| | AS DECEASED EVER | | | 166 SOCIAL SECU | JRITY NO. | 17. INFORMAN | | office. | ADDRI | ESS | 2122 | 27 | | |
| (YE | NO OR UNKNOWN) | (IF YES, GIVE V | WAR OR DATES | 215-28-1 | 814 | Charles | E. M | oh1 29 | 07 Ha | mmon | | | Rd. | |
| | gove rise to imicouse (a), stating underlying couse PART 2 OTHER SIGI | ng the e lost NIFICANT CO | (c) ONDITIONS CO | R AS A CONSEQUE | <u>DEATH</u> BUT | 100 | H THE | | | DITION (| 301 | PART 110 | | ED. |
| J. | THE DATE OF OTERM | TION | 110. CO.101 | | | WAS FERIOR | AED | | OPSY? | 20b. IF Y | TIFYING | CAUSES | OF DEA | |
| CERTIFIC | 210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER MOTHY MEDI 21d INJURY OCCUR | DERLYING CAUSE OF DEATH ICAL EXAMINER | 21b. TIME O HOUR A.I P.I 21e PLACE (| FINJURY M. MONTH D M. | AY YEAR | 211. LOCATION | RY OCCURR | YES 🗌 | NO | IN CER | YES TE PART I O | CAUSES | NO (| |
| N S | 21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI | DERLYING CAUSE OF DEATH ICAL EXAMINER] | 21b. TIME O HOUR A.I P.I 21e PLACE (| F INJURY M. MONTH D M. OF INJURY | AY YEAR 19 FARM, ETC.) | 211. LOCATION STREET | RY OCCURR | YES 🗌 | NO | IN CER | YES TE PART I O | DR PART 2] | NO (| |
| MEDICAL | 21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE [] NOT WI | CAUSE OF DEATH ICAL EXAMINER) PIRE ICAL EXAMINER 21b. TIME O HOUR A 21e PLACE (AT HOME, STR | F INJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, I | AY YEAR 19 FARM, ETC) | 211. LOCATION STREET | RY OCCURR | YES DED (ENIERN | NO CITY OR TO | IN CER | TIFYING YES IB PART I O | ORPART 2] | OF DEA | STATE (we) lost |
| MEDICAL | 21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WI AT WORK NOT WI AT WORK Sow the decess above, (1) (we) (22b. SIGNATURE) | CAUSE OF DEATH (CALEXAMINER) (RED HILE) (this hospito used olive on _ did) (did not) | 21b. TIME O HOUR A. P., 21e PLACE (A1 HOME. STR (A1 HOME. STR view the body | F INJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, I | AY YEAR 19 FARM, ETC) 9/9 | 211. LOCATION STREET | RY OCCURR | YES DED (ENIERN | NO CITY OR TO | IN CER | TIFYING YES THE PART I O | ORPART 2] | that III couses s | STATE (we) lost toted |
| MEDICAL | 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHIE NOT W. AT WORK NOT W. Sow the decess above, (I) (We) (22b. SIGNATURE) 22d. PHYSICHAN'S N | CAUSE OF DEATH (CALEXAMINER) (RED HIE (this hospito (did not) AME (TYPE OR F | 21b. TIME O HOUR A. P., 21e PLACE (A1 HOME. STR (A1 HOME. STR view the body | F INJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, I | AY YEAR 19 FARM, ETC) 9/9 | 211. LOCATION STREET | RY OCCURR 19 19 Ur) opinion o | YES | NO CITY OF INJU | IN CER | TIFYING YES IB PART I O | OUNTY 84 from the 222. DATE | that III couses s | STATE (we) lost toted |
| WEDICAL 230. BG | 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHIE NOT W. AT WORK NOT W. Sow the decess above, (I) (We) (22b. SIGNATURE) 22d. PHYSICHAN'S N | CAUSE OF DEATH (CALEXAMINER) (RED HILE) (this hospito (add) (did not) AME (TYPE OR F RD REMOVAL | 21b. TIME O HOUR A.I P.I 21e PLACE ((ATHOME. STR) optended th view the body | FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, I deceased from after death. MD 236. | AY YEAR 19 FARM, ETC) 9/9 84, or | 211. LOCATION SIREET 211. LOCATION SIREET 211. LOCATION SIREET 212. ADDRESS | 84 19 84 ur) opinion of ENDING YSICIAN EMATORY | YES DED TENTER N. 10 DIRECTOR N. 123d LOC | NO CITY OF INJURE OF INJUR | IN CER IN THE MITTER TO THE M | TIFYING YES IS PART TO | OUNTY 84 from the 222. DATE | that III couses s SIGNED 13 /8 | STATE (we) lost toted |

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| As evely 1 reference | | | |
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director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Tavidson-Randolle

| ١ | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND N | | REG. NO. | | | |
|---|--|-------------------|--|-------------|--------------------------|-------------------|--|----------------|--------------------------------------|-----|
| ľ | 1. DECEASED NAME FIRST | | MIDDLE | 1 | AST | | 28. DATE OF DEATH MONTH | DAY YE | AR 2b HOUR | |
| ı | Ok Ket | ın | | MC | K | | October 9, 19 | 84 | 6:45 | DM |
| | 3. SEX | 4 RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS D | YEAR IF UNDER 74 HR | R5. |
| i | FEMALE | KOREAL | N O | MONTH 11 | 21 | 33 | 50 y | RS. | DAYS HOURS MI | 4. |
| ı | 78 BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER M | ADDIED 🗆 | BALTIMORE CITY OR COL | | н | |
| 1 | KOREA | US | SA | WIDOWE | | ORCED | Baltimore Cor | ints: | , | MD |
| I | 10. CITY OR TOWN OF DEATH ROSS VILLE | (IF NOT IN SU | HOSPITAL, NURSIN THE FACILITY, GIVE STREET LIN SQUAR | ADDRESS] | | TUTION | 120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK HOUSEWIFE | NG LIFE) INDUS | ND OF BUSINESS C STRY HOMEMAKE | |
| 1 | USUAL RESIDENCE (IF NURSING HOME (136. STATE 136. COU MARYTAND BALT | | GIVE RESIDENCE BEFORE | | 13d. INSIDE CI | TY LIMITS? | 130.STREET ADDRESS / ZIP (5404 EAST AV | CODE | 21206 LTO.MD. | |
| I | 14. FATHER'S NAME | WIDDLE | LAST | | | MAIDEN NAA | ME MIDDIE | | LAST | |
| 1 | Young | Ku | Moon | | | Sang | Keun | Na | | |
| Ŧ | 168 WAS DECEASED EVER IN U.S. A | | 166. SOCIAL SECU | IRITY NO. | 17. INFORMAL | 11 | ADDRESS | | 21206 | |
| ı | (YES, NO OR UNKNOWN) (IF YES, C | IVE WAR OR DATES) | 213-84- | 5521 | Su Kyn | ın Mok | 5404 East A | venue B | alto., Mo | d. |
| | | (c)_ | Probable or as a conseque Hepatoce ontributing to its consequence. | ENCE OF | r carci | | inal disease or condition | GIVEN IN PAR | RT 110 | = |
| | NO 190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFOI | ₹MED | | | INDINGS USED USES OF DEATH? | 5 |
| | | EATH HOUR A | OF INJURY .M. MONTH DA | AY YEAR | 21¢ HOW IN. | URY OCCURR | RED CENTER NATURE OF INJURY IN ITE | | | |
| | OR CONTRIBUTION C LAUSE OF D 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK | | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATIO STREET | N | CITY OR TOWN | COUNT | TY STATE | |
| | 278. I certify that (1) (this has saw the decourse alive a obove, (1) (we) (did (1) (did (1))). 278. SIGNATURE A 274. PHYSICIAN'S NAME I TYPE CAROL A | GO PRINTED | | 84 | DEGREE A P 22e ADDRESS | TTENDING HYSICIAN | to October 9 death occurred on the date one MEDICAL STAFF DIRECTOR PHYSICIAN (I | hour and from | 0/9/84 | |
| 1 | 230. BURIAL, CREMATION, REMOVA | 1 Z3h DATE | 23€ 1 | NAME OF C | emetery or c | REMATORY Lth | 23d LOCATION CITY OF BELL time | ore, coma: | ryland STATE | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The revoined by the hospital or ottending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Heolth and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, th

18 shav

MPORTANT: If hem 21 is morked or frem

24 FUNERAL DIRECTOR

THE TOTAL SECTION SEATON OF THE PARTY OF THE THE REPORT OF STREET, THE CHARLES THE WAY TO SEE THE STATE OF THE SECOND All the same of the same not be same as the same of th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shouth the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal. IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical exam

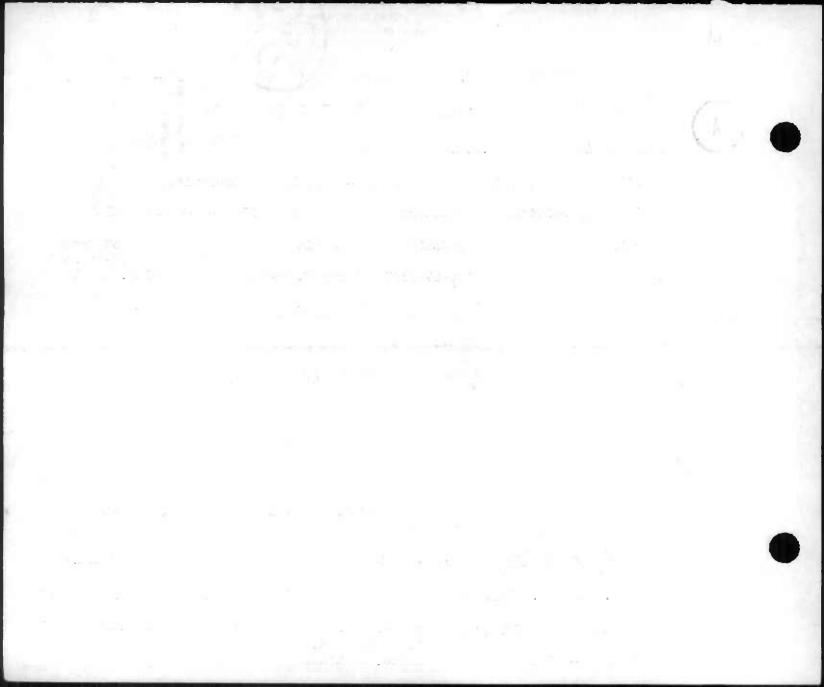
BP. DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 600 | | - | , |
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| | 1 - | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MI | | IÉNE - | 20 | | |
|-------|---------------|---|--|-----------------------------|-----------------------------------|---------------------------|--------------------|-------------|--|----------------------|--|--------------------|
| ŀ | 1. DEC | EASED NAME | FIRST | | MIDDLE | L | AST | | 20 DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| 1 | (TYPE | OR PRINT) | FRANC | ES | E. | MOC | RE | | | 10 - | 5 - 84 | 8:30A M |
| - | 3. SEX | | | RACE | | 5. DATE O | | WEAD | 6. AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DAYS | IF UNDER 74 HRS. |
| M | | FEMA | | | White | | 7 7 | 1905 | 79 | YRS | | MPC. |
| | C | RTHPLACE (STATE OF COUNTRY) | | | WHAT COUNTR | Y? 8 MARRIEI WIDOWE | NEVER MA | ARRIED D | 9 BALTIMORE CITY BALTIMO | _ | | MD |
| 0 | 10 CI | TY OR TOWN OF D | | I NAME OF | HOSPITAL, NURS | SING HOME O | R OTHER INSTIT | TUTION | 12a, USUAL OCCUPA (TYPE OF WORK FOR MOS | | | OF BUSINESS OR |
| 4 | | indalk | IBSING HOME OR | MERIDIA | N NURSI | NG CENT | VER-HERT | TAGE | Housew | ife | | |
| 5 | | AL RESIDENCE (IF NO | | | | | 134 INSIDE CIT | | 13e STREET ADDRES | | | |
| 1 | | aryland | Balt | imore | Edgem | ere | | 40 X | 3109 Gra | ce Roa | ad 2121 | 9 |
| | 14. FA | THER'S NAME FIRST | | AIDDLE | LAST | | | RST | WIDDLE | | LAS | |
| V_A | | John | | | Nadon | | Ame] | | ADI | ORESS 310 | Not K | |
| 1 | (4 | (ES, NO OR UNKNOWN) | | WAR OR DATES) | 166 SOCIAL SE | | 17 INFORMAN | | | 21/ | 9 Grace | |
| | No |) | | | 196-07 | -6307 | Leroy | J. Mod | ore | Bal | Lto. MD | 21219 |
| 1 | CERTIFICATION | Conditions, if or gove rise to i, couse (o), sto underlying cou | mmediate ting the ise last. GNIFICANT C | DUE TO, O (c) ONDITIONS C | ONTRIBUTING T | DUENCE OF O DEATH BUT | N WAS PERFOR | MED | INAL DISEASE OR CO | 20b. IF Y IN CERT | ES, WERE FIND II TIFYING CAUSES YES [] | NGS USED |
| 1 | | 21a. ACCIDENT WAS CONTRIBUTING | CAUSE OF DEA | in . | DE INJURY M. MONTH M. | DAY YEAR | 21c HOW INJU | URY OCCURR | RED (ENTER NATURE OF H | NJURY IN ITEM I | PART I OR PART ?) | |
| | MEDICAL | 21d. INJURY OCCU | WHILE ORK | | OF INJURY REET, FACTORY, OFFIC | E FARM, ETC.) | 211_LOCATION | ٧ | CITY OF | TOWN | COUNTY | STATE |
| | - 1 | 22a. I certify that | osed alive an | | 9/12 19 | Dr. (| d that in (my) (s | , 19 | death occurred on the | date and he | | that (I) (we) last |
| | | above, (I) (we |) (did) (did not | view the body | after death. | | DEGREE | | | | 22c DATE | |
| | | A | har | HENIE | u.m | 1: PA | | TENDING ST | MEDICAL S DIRECTOR PHY | TAFF SICIAN 🗍 | | 5-84 |
| | | 22d. PHYSICIAN'S | NAME (TYPE OF | PRINT) | | | 22e ADDRESS | | | | | |
| | | DR. A | SHOK K | · CHATT | ERJEE | | 3927 A | NNAPOI | IS ROAD, | BALTIM | ORE, MD | 21227 |
| | 23a B | SURIAL, CREMATION SPECIFY) Buri | | 23b DATE 10/9 | | | EMETERY OR CE | | 23d LOCATION CITY OF TOWN Johnstow | | ambria | STATE |
| | 24. FI | JNERAL DIRECTOR | a.t | 10/9/ | 04 | | ew Cemet | - | E REC'D. BY REGISTR | _ | | |
| | | DUDA RUCI | C - WIS | E AVENU | ADDRES ADDRES | Balto. | ise Ave MD 2122 | • ^ ^ - | 1.0.1004 | P 0. | K. | |
| | | | | | | | | | 7,34 | | Maria Con- | andelle. |



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

6

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| 10 | | REGISTRAR | | CERTIFI | ICATE OF DEATH | REG. N | 0. | | |
|----------------------|---------------|---|---|--------------|------------------------------|---------------------------|------------------|-----------------|-------------------------|
| 7 | | EASED NAME FIRST | WIDDLE | O- | AST | 20 DATE OF DEATH | | AY YEAR | 26 HOUR A. |
| | (TYPE | ORPRINT) | SARL | 170 | ORS_ | OCTORSE | 1221 | 1984 | 7:30 M- |
| | 3. SEX | | 4. RACE | 5. DATE O | | 6 AGE (IN YEARS LAST BIR | | FUNDER I YEAR | |
| | 5 | ALZ | WHITZ | APRI | | 75 ' | YRS. | | HOURS MIN. |
| 9// | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8 MARRIET | NEVER MARRIED | 9 BALTIMORE CITY C | RCOUNTY | OF DEATH | |
| 2 | - | ARYLAND | U.S.A. | WIDOWE | | BALTIME | RE C | DOUDT | -4 MD. |
| 4// | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | R OTHER INSTITUTION | 12a USUAL OCCUPAT | OF WORKING LIFE) | | OF BUSINESS OR |
| C | TF | ARKYILLE | 17834 BAGLE | 1 17 | <u> </u> | ELECTRIC | AN | L | |
| Ser la | 13a. S | TATE 13b. COUN | TY IN CITY OR TOW | 'N | | 130 STREET ADDRESS | | Oves | 212211 |
| - | 14. FA | THER'S NAME | MORE MARKVIL | 12 | YES NO W | WE 1894 DE | 4 CT 50 | MVL | . 21234 |
| | - 4 | JOSL : | T. MOORE | | SARAH | WIDDLE | | LAS | 51 |
| 9 | | (AS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRI | ESS | | |
| medica | | 10 | 216013 | 3160 | FAMILY | RECORDS | | | |
| t, the | | 18 CAUSE OF DEATH (Enter or | nly one cause per line for (a), (b), and | dic | | | | BETWEEN | ONSET AND DEATH |
| eve | | PART I. DE ATH WAS CAUSE IMMEDIA | TE CAUSE (a) (ALPA) | 10- N | ena failu | re | | 6 | mn. |
| fraumatic | | 101 | 1110 4 | | | | | | |
| 20. | | 102 | 400 1 | | | | | | |
| other | | couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE | ENCE OF | | | | | |
| 0.0 | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | IN AL DISEASE OR CON | DITION GIVE | N IN PART 1 | 0 |
| Colin | N O | | | | | | | | |
| any | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION | N WAS PERFORMED | 20a AUTOPSY? | | WERE FINDING | NGS USED S OF DEATH? |
| 2 | RTIF | | | | | YES NO | YES | | NO [] |
| 18 \$ | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | - USUB 4 44 44 01 1711 B | AY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | RY IN TEM 18 PAR | RT I OR PART 2) | |
| ten. | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | ZII LOCATION | | | | |
| marked ar | MED | 21d INJURY OCCURRED | 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM ETC) | STREET | CITY OR 10 | IMM | COUNTY | STATE |
| mark | | 77a L certify that (1) (this hasa | ital) attended the deceased from_ | | 10 83 | 10 6 | a 22 | . 54 | that (I) (we) last |
| | | sow the deceased alive on | 0 ct 17 19 | \$4_, on | d that in (my) (aur) opinion | death accurred on the d | ate and hour | | |
| tem | | 27b SIGNATURE | ot) view the body ofter death. | - [| DEGREE | | | 22c. DATE | SIGNED |
| MPORTANT: If them 21 | ١, | Sheldn | C. Kraus, m | · D. | ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN [| 10/ | 24/84 |
| AA | | 22d. PHYSICIAN'S NAME (TYPE O | OR PRINT) | | 22e ADDRESS | ~ | | | |
| od / | | DR. SHELDON | C. KRAVITZ | | Union | ISMORIA | IL HOS | PITAL | |
| 5 ≤ | 23a. B | URIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | VAME OF CI | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY | STATE |
| - 1 | B | URIAL | 10 25 1984 13: | THI | R Mzm. GAR. | BELAIR | HAR | FORD 1 | TARYLADO |
| 4/83 | _ | INERAL DIRECTOR | | 8800 | 0 | E REC'D. BY REGISTRAR | gulia Da | AR'S SIGNAT | Rande 12 |
| | 51 | MANS CHAPEL | OF MEMORIES | HARFO | DRO KOAD OF | T 3 1 1984 | gruna Da | m/atha | 1 |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the hospital or attending physician.

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ould be f

FOR

- STATE

(TYPE OR PRINT)

COUNTRY

130. STATE

Balto.,

Baltimore

Maryland 14 FATHER'S NAME

No

CERTIFICATION

MEDICAL

(YES, NO OR UNKNOWN)

1 SEX

REGISTRAR 1. DECEASED NAME

Female a. BIRTHPLACE STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

FIRST

Bessie

136 COUNTY

Nathaniel Lawrence

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

19n DATE OF OPERATION

21d. INJURY OCCURRED

236. BURIAL CREMATION, REMOVAL

22b. SIGNATURE

(SPECIFY

216. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

sow the deceased alive on.

224. PHYSICIAN'S NAME (TYPE OR PRINT)

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and tour

White

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

Mules

25

MARRIED NEVER MARRIED

YES 🙀

17 INFORMANT

Tawes

YEAR 26

DIVORCED

21228

NO [

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NA

21c. HOW INJURY OCCURE

211 LOCATION

DEGREE

and that in (my) (our) opinion

FIRST Bessie

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MIDDLE

75 CITIZEN OF WHAT COUNTRY?

U.S.A.

Estelle

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Tawes Nursino Center

13c CITY OR TOWN

Baltimore

Mules

166 SOCIAL SECURITY NO

219-70-1849

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

LAST

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERM

216. TIME OF INJURY

21e. PLACE OF INJURY

| 15 | |
|----------|---|
| SIENE | 6 |
| August 1 | |

| 2 5 3 | 1 | |
|--|---|----------------------------------|
| ENE I | | |
| REG. NO. | | |
| 26. DATE OF DEATH MONTH | DAY YEAR | 26. HOUR |
| 10-15-84 | | 11:30 ^A |
| 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | HOURS MIN |
| 57 YRS. | MONTHS DAYS | HOURS MIN |
| 9 BALTIMORE CITY OR COUNT | Y OF DEATH | |
| Baltimore Coun | ty | MD. |
| 120 USUAL OCCUPATION | | F BUSINESS OR |
| (TYPE OF WORK FOR MOST OF WORKING L | IFE) INDUSTRY | |
| 13e STREET ADDRESS | -115 | 7// |
| | treet | -1/ |
| ΛE | | |
| Estelle | Thom | pson |
| ADDRESS | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| al Records Wad | e Ave. | 21228_ |
| 0 - 0 | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| an lune | | |
| V | | |
| | | |
| | | |
| | | |
| INAL DISEASE OR CONDITION G | IVEN IN PART 1 | 01 |
| | | |
| 200. AUTOPSY? 20b. IF YI | S, WERE FINDI | NGS USED |
| | ES [| NO [|
| RED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) | |
| | | |
| CITY OR TOWN | COUNTY | STATE |
| 1-10- | 014 | |
| _, to | 1907 | that (I) (we) last |
| death against an the date and ha | our and from the | couses stated |
| / | 22c. DATE | SIGNED |
| MEDICAL STAFF DIRECTOR PHYSICIAN | 1 | |
| and an | 00/11- | 2/2/7 |
| The House | 160000 | 1 |

0 prior be certificate hos the burial-tronsit per and Mental Hygiene sho 00 He 0 orked IRECTOR hospital to should be detoched with the State Dept. If He 0 0

BP DHMH - 16 50M 7/77 (VRA 15(4))

Burial 10/17/84 24 FUNERAL DIRECTOR

220.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did not) view the body offer death

23c. NAME OF CEMETERY OR CREMATORY (Hampden) Mary's Cemetery

ATTENDING PHYSICIAN

> 2M LOCATION Baltimore

> > MAR

COUNTY

STATE Maryland

A. Alan Seitz Funeral Home 3615-19 Chestnut A

23b, DATE

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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| | | FOR |
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| l | - | STATE |
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director, page 3

moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINNE CERTIFICATE OF DEATH

| et. | 1 | 100 | 1 | Dra ma |
|-----|---|-----|---|-----------|
| 2 | 6 | 2 | 1 | 94 |
| | | | | |

| | 1 | REGISTRAR | | | | CERTIF | ICATE OF DEAT | H | REG. N | 0 | | |
|---|----------------|---|---|---------------------------|---|-------------------------|----------------------------------|------------|---|-----------------|------------------|-------------------------------|
| | | OR PRINT) | LDE | ^ | MIDDLE | MU | AST JILER | | 20 DATE OF DEATH Octobe | r 1, | 1984 | 7:54P M |
| | 3. SEX | FEMALE | - LI | WHITE | G | 5. DATE C | | | 6 AGE (IN YEARS LAST BI | RIHDAY) YRS. | MONTHS DAYS | # UNDER 24 HRS. HOURS MIN. |
| 1 | 0 | RTHPLACE (STATE OR FOREI COUNTRY) | GN 7b | CITIZEN OF | WHAT COUNTRY? | 8. MARRIEI WIDOWE | D NEVER MARRI | IED - | Baltimore city of Baltimo | | | MD. |
| 1 | 10 CI | ROSSVILLE | | IF NOT IN SUC FRANK | HOSPITAL, NURSIN HFACILITY, GIVE STREET / LIN SQUAL | RE HO | SPITAL | ON | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewife | DF WORKING | LIFE) INDUSTRY | making |
| 2 | 13a. S | MARYLAND BA | COUNTY | | GIVE RESIDENCE BEFORE 13c CITY OR TOW | | 134. INSIDE CITY LIV YES NO | | | | DE 2 Pl. Jop | 1085 pa,Md. |
| 1 | | THER'S NAME FIRST Paul | MIDI | | Mechte | | | reda. | WIDDLE | | ebholz ias | 20143 |
| | | VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (18 | | D FORCES? AR OR DATES) | 166 SOCIAL SECU 17-38-71 | | Rudolph | Mulle | and Addr er 3721 Tus | | | cott Cit; |
| 5 | CERTIFICATION | PART 2. OTHER SIGNIFIC | | 415 | | | NOT RELATED TO THE | | NAL DISEASE OR CON | 20b. IF Y | ES, WERE FINDING | NGS USED |
| ì | MEDICAL CERTIF | 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS | E OF DEATH | P., | M, MONTH DA M. | YEAR | | OCCURRE | YES NO | | YES D | мо 🗆 |
| | MED | 216 INJURY OCCURRED WHILE AT WORK AT WORK | | | EET, FACTORY, OFFICE, F | | 211. LOCATION STREET | | CITY OR TO | NWC | COUNTY | STATE |
| 1 | | 22e.1 certify that Mythi saw the deceased a above, M(we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME | live on(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(| Octobeliew the body | e deceosed from _ er] 198 ofter deoth. | 1 , or | DEGREE ATTEN PHYSI 22e ADDRESS | opinion de | medical sta | FF | 10/0 | couses stated SIGNED |
| | | R. Candam | | MD 23b. DATE | 23c. N | AME OF C | 9000 Fra | - | n Square I | | | |
| | (| CREMATION UNERAL DIRECTOR NAME CORRESPONDENCE | FH | 10-2- | 84 WES | | V MEMORIAI | | REC'D. BY REGISTRAR | 25h. REGI | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Item 21 is marked or Hemala have a subjury, or other traumatic event, the medica

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

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| Mary State of the Land | | | | COLUMN TO THE TAXABLE PARTY. |
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| | S TYARTO | THE TAX | S SOURCE STREET, ST. | assily divisi |
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| ath troolife.ut att | dies will wellin | dqfehus | 1017-98-711 | |
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| | vice and April | | | provide a company |
| margue, and | ALLE POS | ALBON, I M | IVENIN DE-S-01 | |
| Linday (motion) | MEN A TOO | Sel. | - 7 to Marker | 1 Comma E |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

CHRRIST ALGOSTES HOLDER TO 301 for the 21 AND SHIP BUSH OF THE WAR STARLE WAR - Charle William Hyper House Dubett methods THE SECURITY OF THE SECURITY O The Season April 12 Control of the C

STATE OF MARYLAND

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| dia. | 0 | |
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| ١ | 1- | STATE REGISTRAR | | DEPARTA | | ICATE OF DEATH | REG. NO | Ο. | | |
|---|---------------|--|--------------------------------|---|------------|-----------------------------------|---|------------------------|-------------------------|--------------------------------|
| ľ | | EASED NAME FIRST | | WIDDLE | | LAST | 20 DATE OF DEATH | | Y YEAR | 2b HOUR |
| I | [TYPE | Charles | E. M | YERS | S | R. | October 3 | 0. 198 | 4 | 3:42 PM |
| Ì | 3. SEX | A THE THE PARTY | 4. RACE | | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | THOAY) IF | FUNDER I YEAR | |
| I | 1 | MALE | WHITE | | AUG | | 67 | YRS. | DATS DATS | HOURS MIN. |
| ł | a. BIF | THPLACE (STATE OF FOREIGN | | WHAT COUNTRY? | 18 | D X NEVER MARRIED | 9. BALTIMORE CITY O | | OF DEATH | |
| 4 | 0 | MD. | U.S.F | | WIDOWE | | Baltimor | e Coun | tv | MD |
| 1 | jó Cil | BALTIMORE | 11. NAME OF I | HOSPITAL, NURSIN | IG HOME (| OSPITAL | 12a USUAL OCCUPATION OF WORK FOR MOST OF SELF-EMP | ON OF WORKING LIFE) | 126. KIND (INDUSTRY | SHEET AL CO. |
| | 130 S MI | HAF | OTHER INSTITUTION. | GIVE RESIDENCE BEFORE 134. CITY OR TOW FALLST | N | 13d. INSIDE CITY LIMITS? | | ZIP CODE FOLK | LANE | 21047 |
| 1 | | JESSE | MIDDLE | MYERS | | 15. MOTHER'S MAIDEN NA/ REBECC | A | | STE | INBURG |
| 1 | | (AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVI NO | MED FORCES? E WAR OR DATES) | 213-01- | | EVELYN MY | ERS (WIFE | | E ADI | ORESS |
| | | PART I. DEATH WAS CAUSE IMMEDIAT Conditions, il ony, which gove rise to immediate cause (a), stoting the underlying cause lost. | DUE TO, O | R AS A CONSEQUE | | Severe Cera ASCV | onary art | enga | - | |
| | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CO | ONTRIBUTING TO I | DE ATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | V IN PART 1 | 10 |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | | | INGS USED S OF DEATH? NO |
| | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER | HOUR A. | M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PAR | IT I OR PART 2) | |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (AT HOME, STE | OF INJURY REET, FACTORY OFFICE, F | ARM ETC) | 211. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
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| | | Vijay Nai | c, MD | | | 1716 Harford | d Rd. Fall: | ston. J | MD | |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYOKINE

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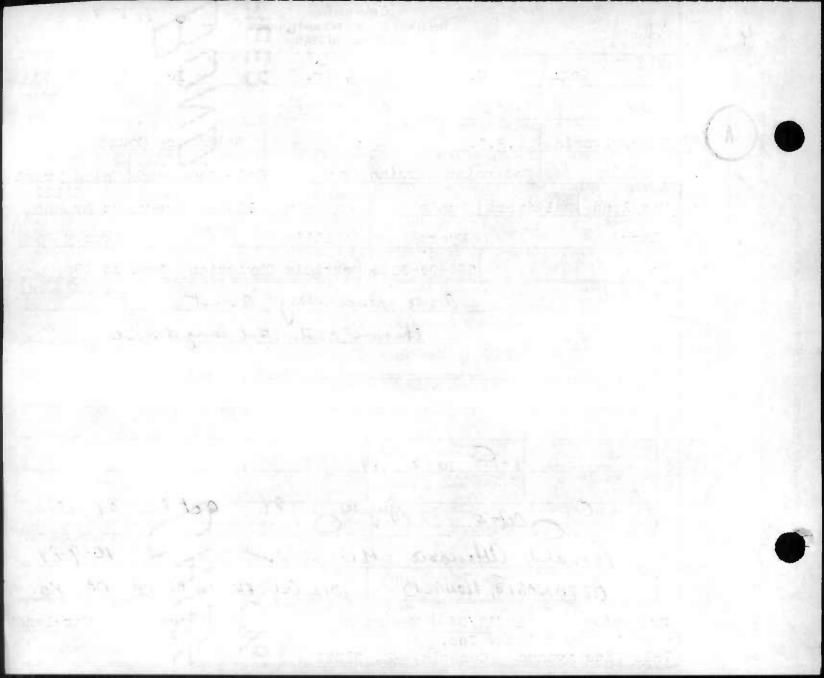
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| 10 CITY OR TOWN | | 11. NAME OF HOSPITAL, | NURSING HOME C | HOME OR OTHER INSTITUTION | | 17a USUAL OCCUPATIO | N | | F BUSINESS O |
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| 14. FATHER'S NAM | | | LAST | | MAIDEN NAM | ME | | | |
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| 18 CAUSE | OF DEATH (Enter o | only one couse per line for to | 1, (b1, and (c1.) | | | | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
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| E | | | | Tax Trongs | | YES NO | YES [| | NO 🗌 |
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| ANNIE D | | I AT HOME, STREET, FACTOR | | STREET | | CITY OR TOW | 'N | COUNTY | STATE |
| WHILE AT WORK | | | fi. | 30 | 81 | Oct | 8 | 84 | . 60 |
| | 220.1 certify the (I) (this hospital) opened the deceased from | | | | | | | | |
| above, | solve, (b) (we) (did) faid not view the body after death. 276 SIGNATURS DEGREE 276 DATE SIGNED | | | | | | | | |
| | Monald attacases 40 ATTENDING MEDICAL STAFF 10-9-84 | | | | | | | | |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 22e. ADDRESS | | | | | | | BA | 7 111 | |
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in Explicational and a should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR MIDDLE NEIMAN (TYPE OR PRINT) ESTHER IF UNDER I YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX DAYS YEAR 86 FEMALE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) AUSTRIA WIDOWEDXX DIVORCED BALTIMORE COUNTY O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RANDALLSTOWN CO. GEN. HOSP HOUSEWIFE AT HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE BALTIMORE YES [7814 RIDGE TERRACE #21208 maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST ALIDDLE LAST FIRST MIDDLI **JACOB** PLEWER GERTRUDE UNKNOWN 17 INFORMANMRS. PEARL SHILING 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO RIDGE TERRACE NO 212-03-1527D #21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 200 AUTOPSY 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [YES [NO F NO 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) STREET AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased plive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE MEDICAL STAFF PHYSICIAN [] DIRECTOR | PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN STATE COUNTY BURIAL 10-7-84 WORKMEN CIRCLE BALTIMORE MD 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD., BALTO., MD 21215

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TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept, of Health and Mental Hygiene prior to bural, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

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| DEPARTMENT OF | HEALTH AND | MENTALHYGIENE |
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| | | OR PRINT) | Ut III | LIAM | E. | NI C | AST NIEMEY | 2 | | MONTH I | 84 | 1030 MM | |
| | | Male RTHPLACE (STATE OR FOR | | CA | U - | Octo | | YEAR 1902 | 8 9 BALTIMORE CITY O | YRS | HONTHS DAYS HOW | | |
| | COUNTRY | | | U.S.A WIDOW | | WIDOWE | | | BALL I | County MD. | | | |
| 2 | | TOLUSON | | | F HOSPITAL, NURSING HOME OR OTHER INSTITUTION UCH FACULTY, GIVE STREET ADDRESS) TOSEPH HOSPITAL | | | | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Accountant B.& O.Railro | | | | |
| 1 | 13a S | md BALT | | timer institution, give residence before admission) 13c. CITY OR TOWN 10w SON | | |)X | 302 E. Joppa Rd., | | | ,Apt.502 2120 | | |
| | Ju. | _ | | Nieme | | | | WIDDLE | LAST | LAST | | | |
| 1 | | (AS DECEASED EVER IN | U.S. ARMED | | 166 SOCIAL SEC | URITY NO. | 17. INFORMANT | | ADDRE | SS | | | |
| ı | No | | | | None | | Ethel | L. Nie | emeyer - Sa | me as | | | |
| | | 18 CAUSE OF DEATH (PART 1. DEATH WAS | Enter only on CAUSED BY AMEDIATE CA | . / | line for (0), (b), o | lugh | agnatia. | myrc | cardial into | retin | APPROXIMATE BETWEEN ONSET | AND DEATH | |
| ı | | | | DUE TO, OF | R AS A CONSEOL | JENCE OF | U | 0 | | | | 0 | |
| | | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. | | | | | | | | | | | |
| | z | PART 2. OTHER SIGNIF | ICANT CON | DITIONS CC | INTRIBUTING TO | DEATH BUT | NOT RELATED TO | THE TERMI | NAL DISEASE OR CONI | DITION GIV | EN IN PART IIO | 20 7 | |
| | CERTIFICATION | 19a DATE OF OPERATION | ATE OF OPERATION 196 CONDITION FOR WHICH OPERATION V | | | N WAS PERFORM | ingul | 20a AUTOPSY? YES NO | IN CERTIF | , WERE FINDINGS YING CAUSES OF E S \(\text{N} \) | | | |
| | | 2 a. ACCIDENT WAS UNDER OR CONTRIBUTING | JSE OF DEATH | 21b. TIME OF HOUR A./ | M. MONTH | AY YEAR | 21¢ HOW INJUR | Y OCCURRI | ED (ENTER NATURE OF IN)UR | Y IN ITEM IB P | ART 1 OR PART 2) | | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | 21e. PLACE ((AT HOME STR | OF INJURY EET, FACTORY OFFICE, | FARM ETC) | 211 LOCATION STREET | | CITY OR TO | wN | COUNTY | STATE | |
| | | 22a.l certify the (1) the sow the deceosed obove (1) we) (flid | | | | 6./4 | arch in (Out | r) opinion d | eoth occurred on the do | | | (Dwe) lost es stoted | |
| | | 27b. SIGNATURE | 14 | 1/ | 5 | Matter. | | NDING SICIAN 🖼 | MEDICAL STAP | | 224 DATE SIGN | 1ED/84 | |
| | | 22d. PHYSICIAN'S NAM | E STYPE OR PRIN | NT) | | | 22e ADDRESS | | | | | 1 | |
| | - 0 | URIAL, CREMATION, RE | MOVAL 23 | B DATE | | | EMETERY OR CREA | | 23d LOCATION CITY OF TOWN | | COUNTY | STATE | |
| | | rial JNERAL DIRECTOR | | 10-4 | | dis | s Church | | Cockeysv | | Balto., | Md. | |
| | | ck Towson F | uneral | Home | ADDRESS | | ork Rd. Md.21204 | | T 2 1984 | | Davidson-Ra | ndell | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the buriol-transit permit. Then please remove carbanpopen Fager Land 2 th with the State Dept. of Health and Mental Hygiene prior ta buriol, crematian, or remaval.

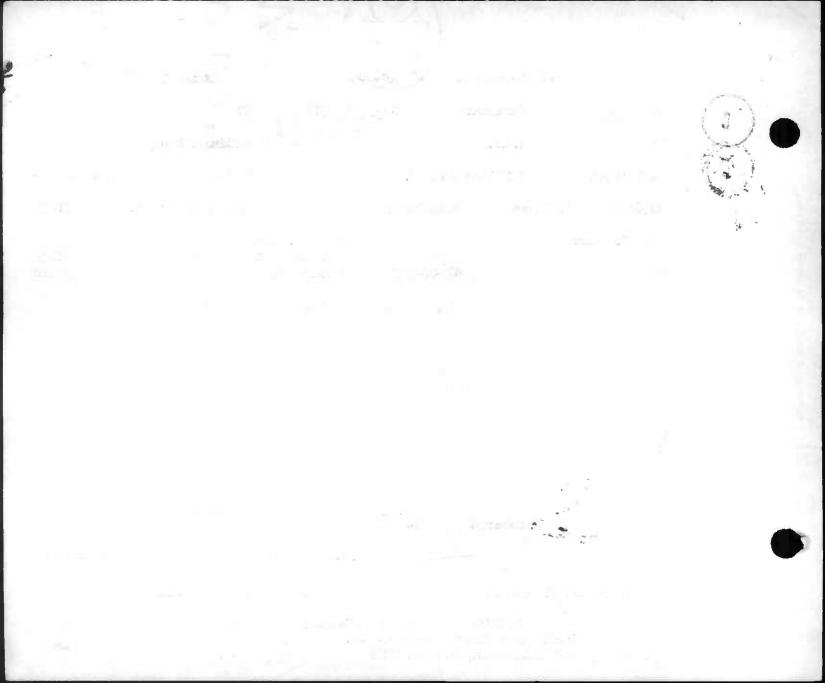
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APHYGIENE CERTIFICATE OF DEATH

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| 400 | | | | |
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| 3. SE | | , mone | 4 RACE | lius Ne | 5. DATE C | | 6. AGE (IN YEARS LAST | | IF UNDER I YEAR | |
|-----------------------|--|--|---|--|--|---|--|--|--|------------------------------|
| | fale | | Caucasi | an | Aug | ast 27 1914 YEAR | 70 | YRS. | MONTHS DAYS | HOURS |
| - | RTHPLACE (STATE OR COUNTRY) | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | | D NEVER MARRIED | 9 BALTIMORE CITY Baltimore | OR COUNTY | OF DEATH | |
| F | ijy or town of de Randallstown | | 11. NAME OF H (IF NOT IN SUC 3418 B | FACILITY, GIVE STREET | NG HOME OF ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS Pianist | ATION | | |
| 13a S | AL RESIDENCE (IF NUR STATE Maryland | 136 COUN | | GIVE RESIDENCE BEFOR 13c. CITY OR TOV Randal | VN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRES 3418 Barr | | | 21 |
| I | ATHER'S NAME FIRST Ouis C. Nels | on | WIDDIE | £AST. | | 15. MOTHER'S MAIDEN NA | innerman MIDDLE | | LA | |
| | WAS DECEASED EVER YES, NO OR UNKNOWN) | | MED FORCES? | 166. SOCIAL SECT | | 17 INFMPSANKather: 4 Teaneck Ct | | Timoniu | | Mary. |
| | Conditions, if ony gove rise to im couse (a), statu underlying cous | r, which mediote ng the e last. | (b) DUE TO, OI | R AS A CONSEOU | JENCE OF | NOT RELATED TO THE TERM | MINAL DISEASE OR CO | ONDITION GIV | VEN IN PART 1 | 10 |
| ICATION | Conditions, if ony gove rise to im couse (0), stati | r, which mediate ng the e last. | DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO | R AS A CONSEOU | JENCE OF | NOT RELATED TO THE TERM | MINAL DISEASE OR CO | 20b. IF YES | VEN IN PART 1 | INGS USE |
| SICAL CERTIFICATION | Conditions, if ony gove rise to im couse (a), stati underlying cous. PART 2 OTHER SIG. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING LIFEITHER NOTIFY MED. | r, which mediate ng the e last. NIFICANT (TION (TION (DERLYING CAUSE OF DE.) CAUSE OF DE.) CAL EXAMINE | DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 196. CONDI HOUR A P | R AS A CONSEQUENTRIBUTING TO | DEATH BUT | 216. HOW INJURY OCCUR | 200 AUTOPSY2 YES NO | 206. IF YES | S, WERE FIND FYING CAUSE ES | INGS USE |
| MEDICAL CERTIFICATION | Conditions, if ony gove rise to im couse (0), stati underlying cous. PART 2 OTHER SIG 19a DATE OF OPERA 71a, ACCIDENT WAS UN OR CONTRIBUTING | which mediate mg the elast. NIFICANT (CAUSE OF DE. IK. AL EXAMINE) RED DRIK. | DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 19b. CONDI 19b. CONDI ATH P.J. 21e. PLACE ((AT HOME, STR | R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) | 211 LOCATION STREET | 200 AUTOPSY2 YES NO RED (ENTER NATURE OF IN | 20b. IF YES IN CERTIF YE YENJURY IN ITEM 18 I | S, WERE FIND FYING CAUSE S PART LORPART 2) COUNTY | INGS USE S OF DEA NO [|
| | Conditions, if ony gove rise to im couse (01), stati underlying cous. PART 2 OTHER SIG. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 21d INJURY OCCUP WHILE NOTIFY MED 21d INJURY OCCUP WHILE NOTIFY MED 21d INJURY OCCUP 22a. I certify that (1) saw the decept obove. (1) (while obove. | which mediate ng the elast. NIFICANT (CAUSE OF DE. IICAL EXAMINE) WHILE CONTROL OF THE CONTR | DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 19b. CONDI 19b. CONDI ATH P.J. 21e. PLACE ((AT HOME, STR | R AS A CONSEQUENTRIBUTING TO | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC) June 84 , of | 211. LOCATION STREET 21 19 66 nd that in (my) (our) opinion | 206 AUTOPSY2 YES NO RED (ENTER NATURE OF IN | 206. IF YES IN CERTIFY YE NJURY IN ITEM 18 P | S, WERE FIND FYING CAUSE S PART L OR PART 2) COUNTY 19 Jr ond from the | INGS USES OF DEA |
| | Conditions, if ony gove rise to im couse (o), stati underlying cous. PART 2 OTHER SIG. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED. 21d INJURY OCCUR. WHILE NOTIFY MED. 22a. I certify that (I) saw the decest obove. (I) (w.f.) 22b. SIGNATURE | which mediate ng the elast. NIFICANT (TION CAUSE OF DE.) CALEXAMINE! RED WHILE Whis hosp sed olive on did) (did no | DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 196. CONDI 196. CONDI 216. TIME O HOUR A P 21e. PLACE ((AT HOME, STR 101) offended the 101 view the body | R AS A CONSEQUENTRIBUTING TO | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC) June 84 , of | 211 LOCATION STREET 211 LOCATION DEGREE M.D. ATTENDING PHYSICIAN | 206 AUTOPSY2 YES NO RED (ENTER NATURE OF IN | 20b. IF YE IN CERTIF YE IN CERTIF YE IN CEM 18 I | S, WERE FIND EYING CAUSE ES COUNTY 19 20 ond from the | NGS USES OF DEA NO [|
| | Conditions, if ony gove rise to im couse (01), stati underlying cous. PART 2 OTHER SIG. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 21d INJURY OCCUP WHILE NOTIFY MED 21d INJURY OCCUP WHILE NOTIFY MED 21d INJURY OCCUP 22a. I certify that (1) saw the decept obove. (1) (while obove. | which mediate ng the elast. NIFICANT (CAUSE OF DE. K. AL EXAMINE! RED PRICE AME (TYPE C | DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.I. P.J. 21e. PLACE ((AT HOME, STR | R AS A CONSEQUENTRIBUTING TO | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC) June 84 , of | 211. LOCATION STREET 219. 19. 66 nd that in (my) (our) apinion DEGREE | 200 AUTOPSY2 YES NO CITY OF CITY OF death occurred on the MEDICAL S DIRECTOR PHY | 20b. IF YE IN CERTIF YE IN CERTIF YE IN CEM 18 I | COUNTY 19 22c DATI | INGS USE S OF DEA NO [|

BP______ DHMH - 16 50M 4/83 (VRA 15, 4)



| | 3 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 maintending physician. | 0. 0 |
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| | The Co | 4 5 |
| | 3 PHYSICIAN: The | er this certificate has been signed by the attending physician and campletely filled in by the funeral director, por the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled within 72 hours after |
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| | YS | \$ 000 |
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ATTENDIN

FOR

CERTIFICATION

| | STATE OF MARYLAND | |
|-------------------|---------------------------------------|-----|
| | DEPARTMENT OF HEALTH AND MENTAL HYGIE | VE. |
| | CERTIFICATE OF DEATH | |
| T TOTAL PROPERTY. | Navigue (all | - |

| DEPA | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | 1084 | | | |
|------|---|------------|--|---------|--|-------------------------------|
| L. | NESMITH | OCTOBER 10 | 28 84 | 26 HOUR | | |
| 20 | S. DATE OF BIRTH M. AGE (IN YEARS LAST BIRTHDAY) | | S. DATE OF BIRTH M. ARCU 16. AGE (IN YEARS LAST BIRTHDAY) MONTHS | | | IF UNDER 24 HRS HOURS MIN. |

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 1084 | |
|---|--|------------------------------|------------------------------|--------------------------------|-----------------|-------------|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) A N N I | ANNIE MIDDLE L. | NESMITH | OCTOBER 10 2 | 8 84 | 26 HOUR |
| | 3. SEX FEMALE | 4 RACE | S. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 |
| | FEMARE | NEGRO | MARCH 16 1894 | 90 yrs | MONTHS DAYS | HOURS A |
| | To. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY | | |
| I | SOUTH CAR. | U.S.A. | WIDOWED DIVORCED | BALTIMORE C | OUNTY | |
| | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSII | NG HOME OR OTHER INSTITUTION | 12ª USUAL OCCUPATION | 12b. KIND O | F BUSINESS |

Balto. County Gen'l Hospital HOMEMAKER BALTIMORE USUAL RESIDENCE | IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]
130. STATE 136. COUNTY 136. CITY OR TOWN BALTO. 13d. INSIDE CITY LIMITS? 6872 PARSONS AVE. 21207 MARYLAND

4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ROBERT MIDDLE MIDDLE LAST RYANS DOLLIE 166. SOCIAL SECURITY NO A 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? PARSONS AVE. 250-48-5136 REBECCA N. ENGLISH 21207

| PART I. DEATH WAS CAUSE | y ane cause per line for (a), (b), and (c), D BY: E CAUSE IO) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|--|--|---|
| Conditions, if any, which gave rise to immediate cause [0], stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE OF THE UNIONATIS DUE TO, OR AS A CONSEQUENCE OF STPSIS. | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 -Le V1005

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | WAS PERFORMED | 20a AUTOPSY? | 201 IF YES, WERE FINDING CAUSES | OF DEATH? |
|--|---|-------------------------|------------------------|---------------------------------|-----------|
| | Nacial Insurance and Additional | | YES NO | YES 🗌 | NO 🗌 |
| 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | 211 HOW INJURY OCCURRED | (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART 2) | |

MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) III LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

AI WORK NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from. e +040-25 sow the deceased alive a deceased above, b(we) (did) (aid not) view the body after death and that in (rev) Jour) opinion death occurred on the date and hour and from the causes stated DATE CICALED

| Elined Cer | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 10-29-0 |
|---|--|----------|
| 22d. PHYSICIAN'S NAME (TYPE OR PRINTITE LOS V LONG MY | 87266 1hert, ALAZA | in all 2 |

Edward Sherman 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY

(SPECIFY) BURIAL 11/02/84 WOODLAWN CEMETERY

24 FUNERAL DIRECTORMARSHALL W. JONES, JR. 4101 EDMONDSON AVE. /BALTO., Md. 21229

Sulia Davidson-Randale

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR:

auld be detached far th the State Dept. af

MPORTANT

| A STATE OF THE STA | | | |
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| TARLETT OF MERCETOR | | | |
| | Agit of Hoden | JK DE D | |
| PARTITION REOSTATION | | .4.7.4 | GUTH CAR. |
| IC NO. LETTON G | y Gen'l Rospits | | |
| 6572 PARSONS AVE. 21207 | λ | .out | E CHARTRAY |
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| TANGER SALD HOTTER | . T. ADD THE GOAL T. | -19 | |
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHINE

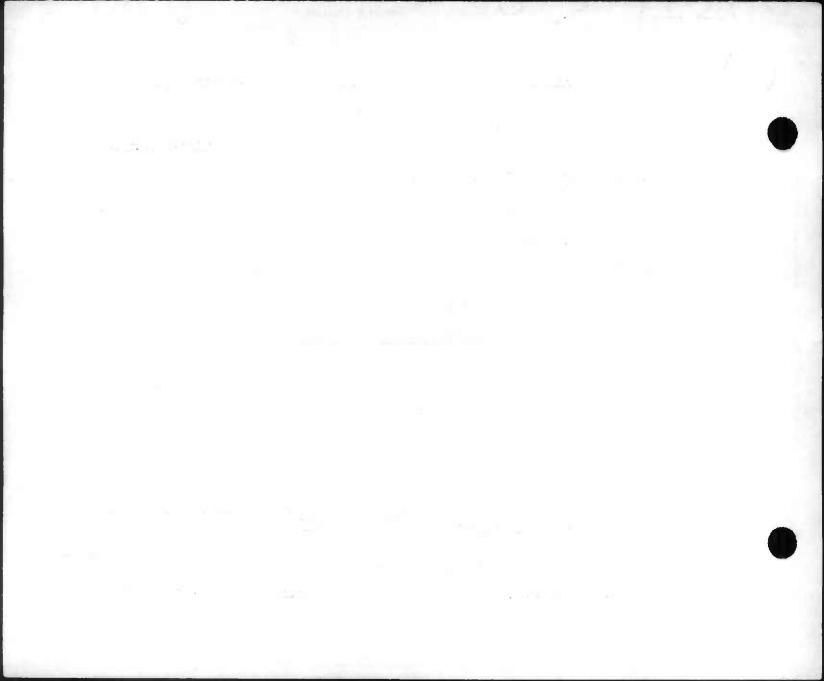
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| 6m | 0 | | | |

| 11- | STATE REGISTRAR | | | | CERTI | FICATE OF DEATH | REG. NO | D. | | | |
|---------------|--|--|--------------------|--------------------------------|----------------------------------|-------------------------------------|------------------------------------|-------------------|-------------------|-------------|----------------|
| | CEASED NAME | FIRST | , | MIDDLE | | IAST | 2a DATE OF DEATH | MONTH | DAY YEAR | 26 HOL | JR |
| | | Willia | m I | H | 1 | ORKIS | October 2 | 0.198 | 4 | | 8p M |
| 3 SEX | (| 4 | RACE | | | OF BIRTH H _ DAY YEAR | 6 AGE (IN YEARS LAST BIR | THDÁY} | MONTHS DATS | HOURS | 24 HRS MIN. |
| T | male | | white | | _ | i-16-1901 YEAR | 83 | YRS | | | |
| | RTHPLACE (STATE (| OR FOREIGN 71 | | WHAT COUNT | RY? 8 MARRI | ED NEVER MARRIED | 9. BALTIMORE CITY O | RCOUNTY | Y OF DEATH | | |
| | MD TY OR TOWN OF D | | USA | LOCBITAL AUG | WIDOW | DIVORCED DIVORCED | Baltimo | | 12b. KIND O | C DI ICINII | MD |
| | | | LIE NOT IN SUC | H FACILITY, GIVE ST | REET ADDRESS) | | (TYPE OF WORK FOR MOST OF TELLINED | F WORKING LI | INDUSTRY Manu | | |
| | ltimore (| | | lin Squ | | · | recited | | Illalic | iiact | ULT |
| 13a S | TATE MD | 13b COUNT | | Balti | more | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / 610 Oakde | zip cobe an Ro | e ad/2122 | 0 | |
| 14. FA | THER'S NAME | M | IDDIE | LAST | | 15. MOTHER'S MAIDEN NA | | | IAS | t | |
| | Henry | E. Nor | ris | | | | elle Zimmer | | | | |
| | VAS DECEASED EV | | ED FORCES? | 16b. SOCIAL S | | 17 INFORMANT | ADDRE | | | • 0 | |
| | no | | | 214-05 | 9122 | Pearl E. No | rris, Balti | more, | | | |
| | 18 CAUSE OF DE | ATH (Enter only | one couse per | line for (o), (b) | , ond (cili | | | | BETWEEN | MATE INTE | PVAL DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARDIAC ARREST | | | | | | | | | | |
| | | | DUE TO, O | R AS A CONSE | OUENCE OF | 4 | | | | | |
| | Conditions, if ony, which ((b) RENAL FAILURE | | | | | | | | | | |
| | couse (o), sto | se to immediate (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | underlying co | use lost | (c) | | | | | | | | |
| - | PART 2 OTHER S | GNIFICANT CO | ONDITIONS CO | ONTRIBUTING | TO DEATH BU | T NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | VEN IN PART TO | 0 | |
| ě | | | | | | | | Tancor or or | C 11/505 50 10 10 | | |
| CERTIFICATION | 190 DATE OF OPE | RATION | 196 COND | ITION FOR WH | IICH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | IN CERTI | S, WERE FINDIN | OF DEA | TH? |
| E | | | -11 -11 - 5 | e 6 111 18V | | Tal- HOW MILLIPY OCCUP | YES NO X | | ES 🗍 | NO { | |
| | 210. ACCIDENT WAS | | HOUR A | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 | PART I OR PART 2) | | |
| N N | (IF EITHER NOTIFY M | EDICAL EXAMINER) | P. | Μ. | 19 | | | | | | |
| MEDICAL | 216 INJURY OCC | | | OF INJURY REET, FACTORY OFF | ICE, FARM ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | | STATE |
| | AT WORK AT | WHILE | | | | | | - | | | |
| | 22a I certify that | | | | | | — · · October | | | thot (I) | |
| | | eased alive on (did)(did not) | OCTOBS | tite 200 oth. | ^y - 84 · · | and that in (my) our) opinion | deoth occurred on the de | ofe and hou | | | |
| | 276 SIGNATURE | | | | | | | 22c DATE | | | |
| | 111 | Ve | 120 | ny | MI | PHYSICIAN [| DIRECTOR PHYSIC | | 10/2 | 20/84 | Ł |
| | 77d PHYSICIAN'S | | | | | 22e ADDRESS | | | | | |
| | M. V | Temury N | 1.D. | | | 9000 Frankl | in Square I | rive | 21237 | | |
| | BUTIAL CREMATIC | N, REMOVAL | 236. DATE 10-23 | | | cemetery or crematory of Grove Cem. | 23d LOCATION Outperland | Alle | gany MD | | STATE |
| | JNERAL DIRECTOR | | ļ | | | | E REC'D BY REGISTRAR | | - | URE | |
| | James F. | Scarpel | lli. Cu | mberlan | id. MD | 21502 PUI | 40 404 91 | his Day | 4dson-Ran | della | |

retained by the haspital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely illied in by the funitional dishards bedtached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.

TO HOSPITAL

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

FOR

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2 | 6 | 23 | 2 | 2) |
|---|---|----|---|----|
| | | | | |

| 40 | | OR PRINTI | RGE | A. A | LOVAK | | 20. DATE OF DEATH | MONTH DAY | . 84 | 26 HOUR |
|---|-----------------------|---|---|--|--|---|---|---|--|----------------------|
| | 3. SE) | Male | 4. RACE | AU. | 5. DATE OF BIRTH | YEAR OS | 6. AGE (IN YEARS LAST BIR | YRS. | UNDER I YEAR | IF UNDER 24 HOURS |
| 13 | C | OUNTRY) Md. | (| OF WHAT COUNTRY? リタイ | MARRIED NEV | DIVORCED | BALTIMORE CITY OF | willy | | |
| 6 | 1 | RANDALIS tous LESIDENCE (IF NURSING | N BA | OF HOSPITAL, NURSIN I SUCH FACILITY, GIVE STREET | CO H | Spite | 120 USUAL OCCUPAT (1YPE OWORK FOR MOST O | of working Life) | 12b. KIND O INDUSTRY | Keupi . |
| 36 | 13a. S | TATE MD THER'S NAME | BAITS. | BAH IND | N 13d INSID | NO THE | | ZIP CODE | MOOR | PL |
| 100 | 10 | FIRST | WIDDLE | NOVAK | | FIRST | MIDDLE | Ecc | LAS' | |
| medico | | AS DECEASED EVER IN (ES, NO PRINKNOWN) (1 | U.S. ARMED FORCE | | 17. INFO | Emi for | | Syk | | |
| vent, th | | 18 CAUSE OF DEATH (E PART I. DEATH WAS | | (1.0.0 | genice | Shoc | E | | BETWEEN C | HOU U |
| other troumat | | Conditions, if ony, w gove rise to immed couse (a), stating underlying couse | hich (b |), OR AS A CONSEQUE | | innial | whete | 0~ | | |
| - | | | (6) | | | | | | | 120 |
| njury, or | NO | PART 2 OTHER SIGNIFI | ICANT CONDITIONS | S CONTRIBUTING TO | DEATH BUT NOT RELA | TED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN | N IN PART III | 31 |
| aws any injury, or | TIFICATION | PART 2 OTHER SIGNIFT | | S CONTRIBUTING TO | | | 200 AUTOPSY? | 20b. IF YES, | WERE FINDIN | IGS USED |
| rem 18 shows any injury, or | CAL CERTIFICATION | 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU | N 19b. CO VING 21b. TIM SE OF DEATH HOUR | | OPERATION WAS PE | RFORMED | 20a AUTOPSY? | 20b. IF YES, YES, YES | WERE FINDING CAUSES | IGS USED OF DEATH |
| rked or Item 18 shows any injury, or | MEDICAL CERTIFICATION | 190 DATE OF OPERATIO | YING 21b. TIM SE OF DEATH EXAMINER) 21e. PLA (AI HOM | NE OF INJURY | OPERATION WAS PE 21c. HOV AY YEAR 19 211. LOC | RFORMED W INJURY OCCUR | 200 AUTOPSY? | 20b. IF YES, IN CERTIFYI YES | WERE FINDING CAUSES | IGS USED OF DEATH |
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| IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or | - | 21a. ACCIDENT WAS UNDERL 21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.l certify that (I) (th sow the deceased a obove; (I) (we) (did) 22b. SIGNIATURE 22d PHYSICIAN'S NAMI | YING 21b. TIM SE OF DEATH EXAMINER) 21e. PLA (AT HOM is hospitol) offende olive on 20 (did not) yiew the b | NOITION FOR WHICH AE OF INJURY A.M. MONTH D. P.M. ACE OF INJURY E, STREET, FACTORY, OFFICE, I | AY YEAR 19 211. LOC S 42 / 2 3 43 / 45 / 45 / 45 / 45 / 45 / 45 / 45 / | ATION myl (our) opinion ATTENDING PHYSICIAN | 200 AUTOPSY? YES NO MEDICAL STA | 20b. IF YES, IN CERTIFY! YES OWN 2 5 19 ofe and hour co | WERE FIND IN NG CAUSES 1 1 OR PART 2) COUNTY | STA |

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TO EUNERAL DIRECTOR. After this certificate has been signed by the should be detacked for use or the busiof-month permit. Then please remainful the State Dept. of Health and Mental Hygiene prior to burial, cremainth the State Dept. of Health and Mental Hygiene prior to burial, crema

DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT, 9 Trem 21 is

TENDING PHYSICIAN, The low

mithin 24 hours of

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

| 400 | NEO IO INI III | | | | REG. NO. | | |
|-----|--|---|--|-------------------|--|--|--|
| П | 1. DECEASED NAME FIRST | MIDDLE | LAST | 2a. D | ATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| 1 | JOHN . | J. | NOZEMACK | 1 | 0-13-84 | | 11:46 ª |
| ſ | 3. SEX | RACE | S. DATE OF BIRTH | 6 AG | E (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN |
| | MALE | CAUCASIAN | 03 08 | 12 | 72 YRS | THE STATE OF THE S | HOURS MIN |
| J | 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) | b. CITIZEN OF WHAT COUNTRY | MARRIED NEVER M | APPIED 9 BA | LTIMORE CITY OR COUN | ITY OF DEATH | |
| | PENNSYLVANIA | USA | WIDOWED DIV | ORCED B | | COUNTY | MD. |
| 7 | | NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET) | ET ADDRESS) | (TYPE | JSUAL OCCUPATION OF WORK FOR MOST OF WORKING | LIFE) INDUSTRY | F BUSINESS OR |
| | TOMSON | DULANEY TOWS | | CENTERF | OREMAN | | FACTURE |
| 41 | USUAL RESIDENCE (IF NURSING HOME OR OF 138. STATE 136. COUN' BAL | TIMORE ROSEDA | WN 13d. INSIDE CI | | TREET ADDRESS 21 614 ROSEDA | 237 | HTS AVI |
| _ | MARTHERS NAME | LIMORE ROBEDA | | MAIDEN NAME | OL4 MOBELLA | THE HELL | MID AV |
| 1 | | IDDIE (AST NO | | #Sf | MEDIA | 145 | |
| 1 | NAS DECEASED EVER IN U.S. ARA | | URITY NO. 17 INFORMAL | NT TP | ADDRESS | | |
| 1 | NO (8 4EF ONE) | 18910 | 3254 ELEA | NOR NOZE | MACK 1614 | ROSEDAI | E HGTS |
| Ť | IA CAUSE OF DEATH (Errer only | one couse per lige for (a), (b), a | and scil | 1/ < | | - Lawrence | STEENE. |
| 1 | PART I. DEATH WAS CAUSED | BY / | cealno | de | 1.10 | ellen. | Dist. Language Address. |
| 1 | IMMEDIATE | | - Link | 1 | - | | and the second |
| 1 | Condition II am that | DUE TO, OR AS A CONSECU | SENCEPO I | | | 51 | m-sho |
| 1 | Conditions, if any, which gave rise to immediate | (6) | 1 / / | | _ | 7 | 4 |
| 1 | cause ial, stating the underlying cause last. | DUE TO, OR AS ACCORSED | VENCE OF | | 1= | 0 .64 | |
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| - | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO | | The same | ISPASE OF CONDITION O | SIVEN IN PART III | 1 442 |
| Н | 19 DATE OF OPERATION | THE CONDITION FOR WHICH | H OPERATION WAS PERFOR | RMED A 200 | AUTOPSY? INDEX | ES, WERE FINDIN | [[e/35/39 |
| I | The Accident was underlying | | | | IN CER | TIFYING CAUSES | OF DEATH? |
| Н | 71s ACCIDENT WAS UNDERLYING | 716. TIME OF INJURY | 191/ HOW IN | | HTER HATURE OF HOURT IN ITEM TO | to the state of th | NO 🗆 |
| 1 | the constraint their CT is and constraint | HOUR AM MONTH | DAY YEAR | on occonned in | WILL MATURE OF POURT PRIZER I | E roat (OF roat 2) | |
| 1 | (FEITHER HOTEN MEDICAL EXAMINES) 114 INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 211 LOCATIO | 6.2 | | | |
| 1 | | TAT HOME, STREET, FACTORS, OFFICE | FARM, ETC.) STREET | | CITY OF TOWN | COUNTY | STATE |
| 1 | AT WORK AT WORK | A | 1 10- 60 | 200 | | | |
| I | 27c I certify that (I) (this hospital saw the deceased give on | 10 CE TOLO,10 | and that in (my) | 19 fo | occurred on the date and h | | thor (I) (we) fast |
| 1 | 72h SIGNAPOSE | view the body after death. | DEDREE | est blocalimatems | | 17c DATE | THE PARTY OF THE P |
| 1 | 1000 | and a second | The state of the s | TENDING MED | DIGAL STAFF | 1 (1 (1) (1) (1) (1) (1) (1) (1) | |
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| 1 | DE BURIAL CREMATION, REMOVAL (SPECIF) | 23b. DATE 23c | NAME OF CEMETERY OR C | REMATORY 736 | LOCATION GO PILICIAN | COUNTY | STATE |
| L | BURTAT. | 10/16/84 | GARDENS OF | FATTH | BALTO. | BALTO | . MD. |
| 1 | M. FUNERAL DIRECTOR | ADDRESS | | 250. DATE REC'E | D. BY REGISTRAR 25 REGI | | JRE |
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| be 3 outh | 1. DE | REGISTRAR CEASED NAME FIRST EORPRINT) EDMUND | 0 | MIDDLE | - 4 | CATE OF DEATH | REG. 20 DATE OF DEATH Octobes | MONTH | DAY YEAR 1984 | 26 HOUR |
| де 4 по | 3 SE | Male | 4 RACE White | | 5. DATE O | F BIRTH | 6. AGE (IN YEARS EAST) | BIRTHDAY) YRS | F UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| death. Po | | RTHPLACE STATE OR FOREIGN | 76 CITIZEN OI | F WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY Baltimon | OR COUNT | | M |
| To the safety | E | reeland | 197 | Ol Spooks | G HOME O ADDRESS) Hill | R OTHER INSTITUTION | 120 USUAL OCCUPA (1YPE OF WORK FOR MOS Commercial | TION TOF WORKING | 126 KIND O | F BUSINESS OF |
| filled in Solid Be | 13e : Ma | _ | | I GIVE RESIDENCE BEFORE 13t CITY OR TOWN Freeland | N | 136 INSIDE CITY LIMITS? | 13e. STREET ADDRESS | S | Free | and, Md 21053 |
| omplete) | | Emile | WIDDLE | Nusen | | 15 MOTHER'S MAIDEN NA ROSalie | ME | | Uhri | ı |
| cian and c ers. Pages 1. | | NAS DECEASED ÉVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? IVE WAR OR DATES) | 217-58-7 | | 17 INFORMANT Edmundo M. Nu | | RESS | | |
| ow requires that the death certifical been signed by the attending phy mit. Then please remove carbanpo prior to buriol, cremotion, or removinjury, or ather troumatic event | ATION | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION | DUE TO, (b) = DUE TO, (c) = CONDITIONS (| DR AS A CONSEQUE DR AS A CONSEQUE ONTRIBUTING TO D Dra | NCE OF A | not related to the term | larfen | NDITION GI | VEN IN PART 110 | MATE INTERVAL INSET AND DEATH CUTTL |
| the National Contending physician, the hospital or attending physician. It DIRECTOR: After this certificate has be stacked for use as the burial-transit permite Dept. of Health and Mental Hygiene printed to the stacked or tem 18 shows on it them 21 is marked or tem 18 shows on | MEDICAL CERTIFICATION | 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFE EITHER. NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE NOTIFY OF CURRED AT WORK NOTIFY OF CONTRIBUTION OF CONTRIBU | AIH HOUR A HOUR A F 21e PLACE (AT HOME S | | Y YEAR 19 IRM, ETC.) | 21t. HOW INJURY OCCUR! 21f LOCATION STREET 19 d that in (my) ppinion EGREE. | 7, to death occurred on the | JURY IN ITEM 18 | COUNTY | STATE |
| efouned by TO FUNERAL Should be de with the State | | 22d PHYSICIAN'S NAME (TYPE Carlos A | canaga, | M.D. | | 22e ADDRESS | DIRECTOR PHYS | | 1/0 / | 3 0 / |
| | 73a F | STIPIAL CREAMATION DEMOVAL | 125 DATE | 122. 11 | ALLE OF CE | ALEREAU OR CAS. LEGALL | 224 LOCATION | | | |

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Maryland

10-16- 1984

230 BURIAL, CREMATION, REMOVAL

Cremation

ADDRESS 1050 York Road

Westview

231 NAME OF CEMETERY OR CREMATORY

Baltimore 250 DATE REC'D. BY RECISTRAL

23d LOCATION

COUNTY STATE Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon population with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remova

DHMH - 16 50M 4/83

(VRA 15, 4)

| 20 | 1 - FOR STATE REGISTRAR |
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| | I. DECEASED NAM |
| | 3. SEX |
| 1 | Male |
| 34 | BIRTHPLACE (COUNTRY) |

STA DEPARTMENT OF CERT

| ATE OF MARYLAND | | 9 |
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| HEALTH AND MENT A HYGTENE | _ | gas |
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| | | - | G. NO. | | | | |

| 3. SE | X | 4 RACE | | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | RIHDAY) | IF UNDER I YEAR | IF UNDER 74 |
|-----------------------|--|---|--|--|--|--|--|--|----------------------------------|
| | Male | White | -1-1 | NOV | . 25. 1894 | 89 | YRS | MONTHS DAYS | HOURS |
| | IRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9. BALTIMORE CITY | | OF DEATH | P. |
| | MD | US | 4 | WIDOWE | | Baltimo | re Co | ounty | , |
| | ITY OR TOWN OF DEATH. | | | G HOME C | OR OTHER INSTITUTION | 178 USUAL OCCUPAT | ION | 126 KIND C | OF BUSINESS |
| - | Timonium | | Maris H | | ice | Physician | | | dicine |
| | AL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 134. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | / ZIP CODE | | - 121 12 |
| | MD | | Baltim | | YES NO | 900 W. N | | | w.21 |
| | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NAM | ΛE | | E. | |
| 1 | Miles | MIDDLE | O'Conno | r | Mary | WIDDIE | | O'Coi | nell |
| 16a V | WAS DECEASED EVER IN U.S. A | | 166 SOCIAL SECUR | RITY NO. | 17 INFORMANT | ADDR | ESS | | |
| - | (YES, NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) | 214 40 € | 8008 | John A. O' | Connor, J | r., B | Balto., | MD |
| - | IS CAUSE OF DEATH (Enter of | only one couse on | line for (o), (b), and | lics | | | | | MATE INTERVA |
| | 18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS | ATE CAUSE (o) | mun! | AW. | dIAL F | AILUR. | E | | |
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| | gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AL WORK ALWORK 220.1 certify the (II) this has sow the deceased alive a above (II) we) (did, (did of obove (II)) we) (did, (did of obove (III)) we) (did of obove (III)) (did of obove (III)) we) (did of obove (III)) (did of obove (III)) (did of obov | DUE TO, OR (c) CONDITIONS CO 198 CONDI 218. TIME O HOUR A./ ER) P./ 21e. PLACE ([AT HOME STR pital) ottended the in int) view the body | R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH OF FINJURY M. MONTH DA M. DF INJURY BET, FACTORY, OFFICE, FA | NCE OF DEATH BUT OPERATION AY YEAR 19 ARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21l. LOCATION STREET 19 23 d that in minimum (our) opinion of DEGREE ATTENDING | INAL DISEASE OR CON 200 AUTOPSY? YES NO ENTER NATURE OF INJURE CITY OR TO MEDICAL STA | 20b. IF YES IN CERTIF YE JRY IN ITEM 18 P | S, WERE FINDING CAUSES S PART LOR PART 2) COUNTY 19 19 11 11 11 11 11 11 11 1 | NGS USED S OF DEATH' NO STA |
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| MEDICAL | gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 198 DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DIFFERENCE AND CONTRIBUTING AUSE OF DIFFERENCE AND CONTRIBUTION OF COUNTRIBUTING AUTORIES 27e. 1 certify the (1) this host sow the deceased olive a obovy (1) we) (did) (did recovered). | DUE TO, OR (c) 19b CONDITIONS CO 19b CONDITIONS | R AS A CONSEQUEING TO DESCRIPTION FOR WHICH OF THE PROPERTY OF | DEATH BUT OPERATION NOT RELATED TO THE TERM N WAS PERFORMED 21r. HOW INJURY OCCURF 21l. LOCATION STREET 19 33 nd that in my (our) opinion of the physician of | INAL DISEASE OR COM 200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC | 20b. IF YES IN CERTIF YE DWN Lote and hou | ZEN IN PART 10 S, WERE FINDII FYING CAUSES COUNTY 19 ### 220. DATE | NGS USED S OF DEATH' NO STA |

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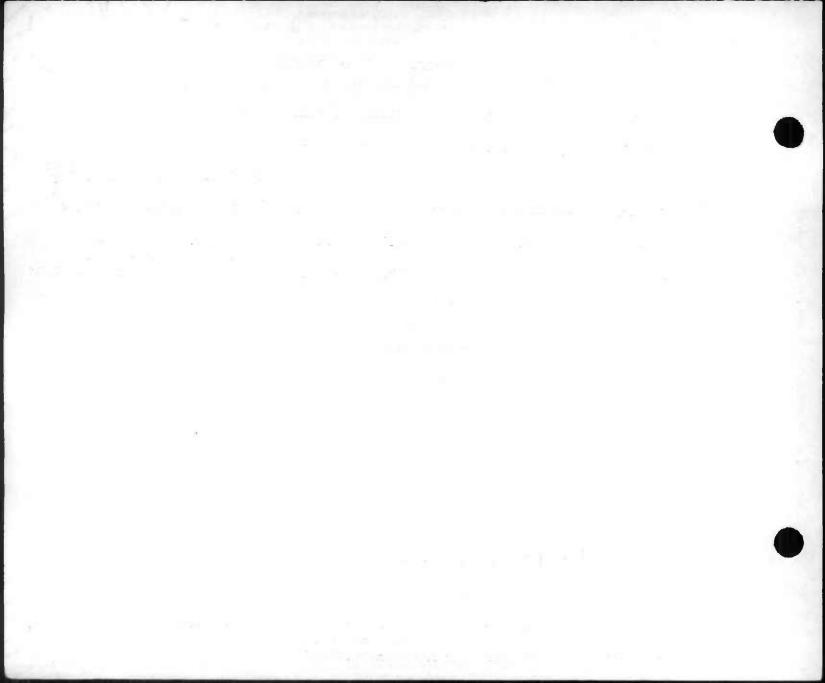
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| | | REGISTR. |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HYGIÈNE CERTIFICATE OF DEATH

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| | REGISTRAR | | | | | | | REG. NO | | | | |
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| | EASED NAME | FIRST .T. | OSEPH ' | EDWA | RD (| O'DONNELL | 2a DATE OF | DEATH N | HTMOA | DAY YEAR | 2b. HOL | |
| (TYPE | OR PRINT) | seeh | 3 | | J. D. | nnell | | 101 | 16) | 84 | 125 | 5 , |
| 3. SE) | | 3017 | 4. RACE | | 5. DATE C | OF BIRTH | 6 AGE (INY | | | IF UNDER I YEA | | |
| | | 1 | | | MONTH | | 73 | | | MONTHS DATE | HOURS | MINL |
| | Male RIHPLACE (STATE OR F | | Whit | e WHAT COUNTRY? | | h 19, 1911 | | DE CITY OF | YRS | TY OF DEATH | | |
| | COUNTRY) | OREIGN | 78. CITIZEN OF | WHAT COUNTRY: | MARRIE | D NEVER MARRIED | BALTIMO | L. | | | | |
| | Maryland | | U.S. | | WIDOWE | | | timor | | Count | f | MD. |
| 10 CI | TY OR TOWN OF DEA | TH | | HOSPITAL, NURSIN HEACILITY, GIVE STREET | | OR OTHER INSTITUTION | 120 USUAL O | | | 12b. KIND INDUSTR | OF BUSIN | ice |
| | lowson | | Stell | a MAY | - 1 | 3.21080 | | ed Ca | | Balto | | |
| | AL RESIDENCE (IF NURSI | | | GIVE RESIDENCE BEFOR | E ADMISSION) | | In expert | DDDCCC / | 7:0 001 | Dr. | | |
| | | Dal+ | imore | 13c. CITY OR TOW | /N | 13d. INSIDE CITY LIMITS? | 13e.STREET A | Smeto | | | 21204 | |
| | aryland | Dalt | THOLE | TOWSOII | | 15. MOTHER'S MAIDEN N. | | Dine co. | | | | |
| | FIRST | | MIDDLE | LAST | | FIRST | | MIDDLE | | TTees | A51 | |
| - | ohn | | J. | | nnell | Mary | | C. | | _ | hes | |
| | VAS DECEASED EVER | | MED FORCES? : | 166 SOCIAL SECL | JRITY NO. | 17 INFORMANT | - | | | son, Mo | | |
| | io | (120, 0111 | , | 217-46- | 0717A | Agnes W. Ro | moser-8 | 16 Mo | ckin | gbird I | Ja. 2 | 1204 |
| | 18 CAUSE OF DEATI | H (Enter on | ly one couse per | line for (a), (b), or | nd (c).1 | | | | | APPRO | DXIMATE INTE | RVAL |
| | PART I. DEATH W | AS CAUSEI | D BY | LIVER | | 1108 | | | | | | |
| | | IMMEDIAT | E CAUSE (o) | E I C C | 1710 | . UICC | | | | | | |
| | | | DUE TO, O | R AS A CONSEQU | ENCE OF | 01 000 | . 6 10 | | | 1 | | |
| | Conditions, il ony, which (b) Metastatic Colon CANCER | | | | | | | | | | | |
| | couse (a), stotin | g the | DUE TO, OF | R AS A CONSEQU | ENCE OF | | | | | | | |
| | underlying cause | last | ((c) | | | | | | | | | |
| 601 | PART 2. OTHER SIGN | IFICANT C | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASI | E OR COND | ITION G | IVEN IN PART | 10 | |
| S. | | | | | | | | | | | | |
| FICAT | 190 DATE OF OPERAT | ION | 19b. COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20e AUTO | PSY2 | 20b. IF Y | ES, WERE FINE | INGS USE | D |
| H | | | | | | | YES 🗍 | NOM | | TIFYING CAUSE YES 🗍 | NO [| |
| CERT | 210. ACCIDENT WAS UND | ERLYING [| 1 21b, TIME O | F INJURY | | 21c HOW INJURY OCCU | | - Print | | | L. | |
| 100 | OR CONTRIBUTING | _ | 110110 4 | M. MONTH D | AY YEAR | | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDIC | | | | 19 | | | | | | | |
| 띭 | 214 INJURY OCCURE | _ | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, | FARM, ETC } | 211 LOCATION STREET | | CITY OR TOW | /N | COUNTY | | STATE |
| 1 | AT WORK NOT WH | KK [] | | | | | | | | | | |
| | 22a.1 certify that (I) | (this haspit | tal) ottended th | | | 10/4 19 8 | 4_, to | 10 | 116 | 19 89 | , that (l) (| we) lost |
| | sow the decease obove, (I) (we) (c | d olive on | a) '- 4b-b-d | 10/16 19_ | 84.0 | nd that in (my) (our) opinion | n death occurre | d on the do | te and h | our and from th | e couses st | oted |
| | 22b. SIGNATURE | id) (did na | view the body | olter death. | ~ | DEGREE | | | | 22c. DA1 | TE SIGNED | |
| | | XX | FROID | 6-010 | MI | ATTENDING | MEDICAL | STAFE | | 1201 | 11/10/ | 11 |
| | 22d. PHYSICIAN'S NA | AAE | , care | exect | 7 | 22e ADDRESS | DIRECTOR | PHYSICI | AN [] | 1101 | 1610 | 1 |
| | ZZO, PHISICIAN SINA | AME (TYPEO | · ~ | | _ | CI 11 | 00 | 1.1 | | | | |
| | Kenda | 116 | 1. Fai | ulkner | mi | Stella) | MARIS | HUS | DIC | 3 | | |
| | SURIAL, CREMATION, | REMOVAL | 23b. DATE | 23c. | NAME OF C | EMETERY OR CREMATORY | | ATION OR TOWN | 0 | COUNTY | | |
| İ | Surial | | 10-18- | -84 H | oly R | edeemer | | ltimor | ce | COUNTY | Mar | ylan |
| - | UNERAL DIRECTOR | | 1 | | | | ATE REC'D. BY R | | | STRAR'S SIGN | | |
| ١, | Ruck Towson | n F175 | oral Hor | ADDRESS | | | PT 4 P | 400 4 | 7 1. | Fr. | 70 | |
| | AUCK TOWSO | run | erar noi | ue, Inc. | LOWSOI | , mu. 21204 U | 111/ | NH4 | - 11 | - Jamaron | - Manda | 82 |

DHMH - 16 50M 4/B3 (VRA 15, 4)



ATTENDING PHYSICIAN: The law requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pawith the State Dept. of Health and Mental Hymite thior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| E OF | DEATH | MONTH | DAY | YEAR | 2b. H |
|------|-------|-------|-----|------|-------|
| | REG. | NO 4 | 15 | - 1 | |
| | 2 | 6 |) · | 3 0 | |

| J | ' - | REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. NO. | 15- 1 | |
|---|---------------|--|--------------------------------|--------------------------|-------------|---------------------------------|--------------|-------------------------------------|-------------------|--------------------|
| | | CEASED NAME FIRST ORPRINT) | | MIDDLE | | AST | 20 DATE C | | DAY YEAR | 26. HOUR SO |
| | | Georg | e | Stone | C | hler | | 10- | 8-84 | 12 PM |
| | 3 SEX | | 4 RACE | | 5 DATE C | | 6. AGE (IN | YEARS LAST BIRTHDAY) | WONTHS DAYS | IF UNDER 24 HRS |
| , | | Male | Whit | te | (0 | - 13 - 02 | | 82 Y | RS. | NOURS MAN |
| | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 MAPPIE | D WEVER MARRIED | 9 BALTIM | ORE CITY OR COU | INTY OF DEATH | III SALDE |
| þ | | md. | u. | S. | WIDOWE | | Bal | timore | County | MD. |
| 9 | 10 CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | | LOCCUPATION WALE FOR MOST OF WORKE | | OF BUSINESS OR |
| | 7 4 40 | isterstown | Bent | Nursi | ng t | ome | Shoo | C 1 | | |
| S | USU/ 13e S | AL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION | 131. CITY OR TOW | | 1136 INSIDE CITY LIMITS? | 13e STREET | ADDRESS | 7 | 1700 |
| 1 | | | roll | Taney to | wn | YES NO W | 5005 | | y Rdas | 1101 |
| 1 | 14. FA | THER'S NAME | MIDDLE | BAST | | 15 MOTHER'S MAIDEN NAM | ME | MIDDLE | O JA | ST |
| d | | Beecher | L | Ohler | - | Irene | | D.M. | Pali | ner_ |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? E WAR OR DATES) | 217-12- | | 17 INFORMANT | 100 D | ADDRESS 12020 | Reistersto | own Rd |
| | | no | | 25 | ~,55 | Barbara Hei | MCIKI | | rs town, | Mg 21136 |
| | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | | line (01, (b), one | dici | 0. 4 | 2 7 | | BETWEEN | ONSET AND DEATH |
| | | | TE CAUSE (0) | Conge | slu | en flant C | Mark | we co | ule 6 | days |
| | | ALMERICA STREET | DUE TO, O | R AS A CONSCOUR | NCE OF | n 1= 011 | 10. | | 7/ | 2 |
| | | Conditions, if any, which | (b)_ | arler | Look | lirolice (| nuc | Olone! | | cero |
| | | cause (o), stating the underlying cause lost | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | 1 | |
| | | | (6) | | | | the same | | | |
| | × | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEA | SE OR CONDITION | GIVEN IN PART 1 | 01 |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 11% COND | ITION FOR WHICH | OPERATIO | IN WAS PERFORMED | 20a AU1 | OPSY? 206. I | F YES, WERE FINDS | NGS USED |
| | IFIC | | | | | | YES 🗆 | NO NO | ERTIFYING CAUSES | OF DEATH? |
| ř | ERT | 210. ACCIDENT WAS UNDERLYING | | | | 21c HOW INJURY OCCURR | | | | |
| | | OR CONTRIBUTING CAUSE OF DE | ALIE . | .M. MONTH DA | | | | | | |
| | MEDICAL | 214. INJURY OCCURRED | | OF INJURY | 19 | 211 LOCATION | | | | |
| | ME | WHILE NOT WHILE THE AT WORK | (AT HOME, ST | REET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | | CITY OR TOWN | COUNTY | STATE |
| 1 | | 220 certify that (I) (this have | etal) attended th | ne deceased from_ | 9- | 19 19 84 | to_ | 10-8 | 19 84 | that (I) (we) last |
| | | sow the deceased alive or above, (I) (we) (did) (did as | | 195 | 4.01 | nd that in (my) (ear) opinion o | death occuri | red on the date and | hour and from the | couses stoted |
| | | 226 SIGNATURE | Wiew the body | offer death. | / | DEGREE | Print. | | 22c. DATE | SIGNED |
| ī | | (1.8/1/2 | 1000 | ann | 80 | ATTENDING PHYSICIAN | MEDICAL | STAFF | 1 18- | 8-84 |
| | | 224 PHYSICIAN'S NAME LTYPE | OR PRINT) 0 / | 1 | | 220 ADDRESS | | na | 110 | |
| | | (1,E.19) | 4/1/1 | 14m3 | | 11904 Curt | Sta | 12 Keint | ustour | 14.21/36 |
| | 230 B | BURIAL, CREMATION, REMOVAL | 23b. DATE | / / | AME OF C | EMETERY OR CREMATORY | 23d. LOC | ATION | COURT | / 57.77 |
| | (: | Burial | 11 0 | CT 84 Em | mits | burg Memori | all Er | nmitsbur | g, Frede | rick MD |
| | 24 FL | JNERAL DIRECTOR | | ADDRESS | | 250 DATE | REC'D. BY | REGISTRAR 256. RE | | |
| | 51 | Kilis FUNTRAl | HOMY, | Enmi 73B | 426,1 | TO SITS OCT 1 | 5 198 | Juli Da | ridson-Randa | 182 g |

the Court to dean I have themy fed at Angelon and device halfs

FOR

| STATE OF MARYLAND |
|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CENTURE CATE OF DEATH |

| 1. | REGISTRAR | | CERTIFICATE O | | REG. NO |) | | |
|------------------------|--|--|--|---|---|---|--|--|
| | CEASED NAME (7) FIRST | WIDDLE | LAST | 20. DAT | | MONTH DAY | Y YEAR | 26 HOURS |
| | USTAMUS. | HAZE | V. | | 1 | 0 6 | SY | 6 P 1 |
| LSEX | Æmale | ACE | 5. DATE OF BIRTH | | (IN YEARS LAST BIRT | | UNDER I YEAR | # UNDER 24 HRS HOURS MIN. |
| 1 | - | CAUCASIAN | 9 20 | 93 | 85 | YRS. | | |
| e. 818 | RTHPLACE INTALLOFFQRION 76. | CITIZEN OF WHAT COUNTRY | MARRIED NEVE | R MARRIED - 9 BALT | IMORE CITY OF | R COUNTY O | OF DEATH | |
| 1 | DATHERNE | USA | WIDOWED | DIVORCED Jal | 18. (0 | unte | / | MI |
| , | Baltanel, | NAME OF HOSPITAL NURS UNDT IN SUCHFACILITY, GIVE STREET LELLELER A | PONSVILLE - | | JAL OCCÜPÄTIC WORK FOR MOST OF OUSEWIT | | | F BUSINESS OR |
| 130 S | AL RESIDENCE (IF NURSING FOME OR OTH | Www Ellico | YES 13d INSID | NO 13 STR | FT ADDRESS | ZIP CODE | Uby | 2104 |
| FA | LATISE LOUIS | | 15. MOTHE | ER'S MAJDEN NAME | Su | de 1 | LAS | 1 |
| | VAS DECEASED EVER IN U.S. ARMED ES. NO OR UNKNOWN) (IF YES, GIVE WA | | | MANT Donald K. Os | smus - | | oerner | Ave. 2 |
| | 18 CAUSE OF DEATH (Enter only o | one couse per his for oil, (b), | and ic-1 | -7- | | | BETWEEN | MATE INTERVAL |
| | PART I. DEATH WAS CAUSED B' | | mann | 1/00- | | | | |
| | | | | | | | | |
| | | DUE TO, OR AS A PONSEO | WENCE OF OI | 171 | | | | |
| | Conditions, if ony, which | DUE TO, OR AS A CONSEQ | DENCE OF BU | H- | | | | |
| | gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF THE PRO |)- 60 | H- | | | | |
| | gave rise to immediate | (b)(|)- 60 | H- | | | | Ì |
| | gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEO | JUENCE OF | H - | E ASE OR COND | DITION GIVEN | N IN PART 1:0 | |
| NOI | gave rine to immediate course (a), stating the underlying course last. | DUE TO, OR AS A CONSEO | JUENCE OF | H - | ease or cond | DITION GIVEN | N IN PART 1:0 |) |
| ICATION | gave rine to immediate course (a), stating the underlying course last. | DUE TO, OR AS A CONSEO | DUENCE OF | | EASE OR CONE | 20b. IF YES, V | WERE FINDING CAUSES | 4GS USED |
| RTIFICATION | gave rise to immediate cover id a stating the anderlying cover last. PART 2 OTHER SIGNIFICANT CONTRACTOR OF OPERATION | DUE TO, OR AS A CONSEO (c) NDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE | DUENCE OF DEATH BUT NOT RELATED DEATH OPERATION WAS PER | REFORMED 200 / | AUTOPSY? | 20b. IF YES, N IN CERTIFYII YES | WERE FINDING CAUSES | 4GS USED |
| -57/0 LI | gave rise to immediate country of a testing the underlying country lost. PART 2 OTHER SIGNIFICANT CON | DUE TO, OR AS A CONSEO | DUENCE OF D DEATH BUT NOT RELATED WAS PER 21c. HOW | RFORMED 20g / | AUTOPSY? | 20b. IF YES, N IN CERTIFYII YES | WERE FINDING CAUSES | GS USED OF DEATH? |
| -57/0 LI | PART 2 OTHER SIGNIFICANT CON 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | DUE TO, OR AS A CONSEO (c) NOTIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DUENCE OF D DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROP | REFORMED 200 YES VINJURY OCCURRED (ENT | AUTOPSY? | 20b. IF YES, N IN CERTIFYII YES | WERE FINDING CAUSES | GS USED OF DEATH? |
| -57/0 LI | PART 2 OTHER SIGNIFICANT CON 19. DATE OF OFERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | DUE TO, OR AS A CONSEO (c) 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH | DUENCE OF DEATH BUT NOT RELATED WAS PER DAY YEAR 19 216, HOW | REFORMED 200 YES VINJURY OCCURRED (ENT | AUTOPSY? | 20b. IF YES, VIN CERTIFY! YES | WERE FINDING CAUSES | GS USED OF DEATH? |
| 57/8 LI | PART 2 OTHER SIGNIFICANT CON 19. DATE OF OFERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (FEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHITE AT WORK | (b) DUE TO, OR AS A CONSEO (c) 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | DUENCE OF DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPER | REFORMED 200 / YES / INJURY OCCURRED (ENI | AUTOPSY? NO ER NATURE OF INJUR | 20b. IF YES, VIN CERTIFY! YES | WERE FINDING CAUSES 11 1 OR PART ?) COUNTY | NGS USED OF DEATH? NO |
| -57/0 LI | PART 2 OTHER SIGNIFICANT CON 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 22d I certify that (I) (this hospital) 22d I certify that (I) (this hospital) | (b) DUE TO, OR AS A CONSEO (c) NDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) ottended the deceased from | DUENCE OF DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPER | REFORMED 200 / YES / INJURY OCCURRED (ENI | AUTOPSY? NO ER NATURE OF INJUR CITY OR TOV | 20b. IF YES, N IN CERTIFYI YES | WERE FINDING CAUSES 11 OR PART ?) COUNTY | NO STATE |
| -57/0 LI | PART 2 OTHER SIGNIFICANT CON 19 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE AT WORK 220 I certify that (1) (this hospital) sow the deceosed alive an obove, (h) (we) (did) (did not vi | (b) DUE TO, OR AS A CONSEO (c) NDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) ottended the deceased from | DEATH BUT NOT RELATED WAS PER 21c, HOW 19 21f LOCA ST | REFORMED 200 / YES VINJURY OCCURRED (ENIT | AUTOPSY? NO ER NATURE OF INJUR CITY OR TOV | 20b. IF YES, N IN CERTIFYI YES | WERE FINDING CAUSES 11 OR PART 2) COUNTY | NGS USED OF DEATH? NO STATE that (I) (we) las couses stated |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COUNTY

Md.

| - STATE REGISTRAR | | | | CERTIF | FICATE OF | DEATH | | REG. N | 0. | | |
|--|----------------------------|---------------------------|---|-----------|-----------------|---------------------|------------------------------------|--------------------------|---------------------------|---------------------------------|---|
| 1. DECEASED NAME | FIRST | | MIDDLE | - | LAST | | 20. DATE C | FDEATH | MONTH | DAY YEAR | 2b HOUR |
| (TITE OR PRINT) | JOHN | C | | PAC | CZKOWSI | ζI | Octo | ber | 8, | 1984 | 105 W |
| 3. SEX | | 4 RACE | | S. DATE (| OF BIRTH | YEAR | 6 AGE (IN | YEARS LAST BIF | RTHDAY) | MONTHS DAYS | |
| Male | 1 | Whit | e | May | 22, | 1916 ^{EAR} | 68 | | YRS | | |
| 70. BIRTHPLACE (STATE O | OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | | R MARRIED L | 9 BALTIMO | ORE CITY O | R COUN | TY OF DEATH | |
| Ohio | | U.S.A. | | WIDOW | | DIVORCED [| | Balt | imor | e Count | y MD. |
| Woodlawn | EATH | (IF NOT IN SUC | HOSPITAL, NURSIN H FACHITY, GIVE STREET TOOK dale | ADDRESS) | OR OTHER IN | ISTITUTION | 120 USUAL (TYPE OF WO Retire | OCCUPAT RK FOR MOST O | ON OF WORKING Dervi | 12h KIND INDUSTRY SOF-Che | Marinesor mical Co. |
| USUAL RESIDENCE (IF NO 130. STATE Maryland | 13b. COUN | | GIVE RESIDENCE BEFORE | 'N | | CITY LIMITS? | 13e STREET 1920 | | | oE e Road | 21207 |
| M. FATHER'S NAME FIRST Walter | , | MIDDLE | Paczkowsk | ĸi | | R'S MAIDEN N. FIRST | AME | WIDDLE | | Szumĺ | inska |
| 160 WAS DECEASED EV | | | 166 SOCIAL SECU | RITY NO. | 17 INFOR | MANT | | ADDR | ESS | | |
| (YES, NO OR UNKNOWN) | (IF YES, GIVI | E WAR OR DATES) | 140-03-5 | 5739 | Hele | n T. Pa | czkowsl | ki S | Same | as # 13 | |
| | offing the use lost. | ONDITIONS CO | R AS A CONSEQUE | DEATH BUT | - | ED TO THE TER | RMINAL DISEA | SE OR CON | IDITION | GIVEN IN PART I | 10" |
| DIABLE | | | VE HORAC | • | | CORNED. | 20a AUT | OBCV2 | Tab IF V | ES. WERE FIND | NGS USED |
| 190. DATE OF OPEN | RATION | 196 COND | ITION FOR WHICH | OPERATIO | ON WAS PER | FORMED | YES [| NO [| IN CER | TIFYING CAUSE YES | |
| 00.00.00.00.00.00.00.00 | CAUSE OF DEA | TH HOUR A. | PFINJURY M. MONTH DI M. | AY YEAR | | INJURY OCCU | JRRED (ENTERN | MATURE OF INJU | JRY IN ITEM I | 8 PART I OR PART 2) | |
| OR CONTRIBUTING L | WHILE WORK | 21e PLACE (AT HOME, ST | OF INJURY REET FACTORY, OFFICE, F | ARM, ETC | 211 LOCA STR | | | CITY OR TO | JA. | COUNTY | STATE |
| 220 L certify that sow the elec- obove, (1) we | | ol) ottended the | | 84.0 | and that in (| 19 | n deoth occurr | ed on the d | - | our and from th | , that (i) (we) lost e couses stated |
| 226. SIGNATURE | min V. | Kuli | uT | Mi | DEGREE | | DIRECTO | STA | | 22c. DAT | G 84 |
| 22d PHYSICIAN'S Albia | NAME (TYPEO NAME (TYPEO | M.D. | | | 100 | | Height | Roc s Aver | om 20 nue,B | 2 altimor | 21229 e, Md. |

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the buriol-transit permit. Then please remove and Mental Hygiene prior to buriol, cremotion

TO FUNERAL DIRECTOR: After this certificate has been

should be detached for use as the with the State Dept. of Health and MPORTANT: If Item 21 is

23b. DATE

injury, or oth

23d LOCATION
CITY OF TOWN
WOOd Lawn 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 10/12/84 Woodlawn Cemetery Leroy...M. & Russell C. Witzke Buneral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228 BY REGISTRAR 200 REGISTRAR & SIGNATURELED

231. NAME OF CEMETERY OR CREMATORY

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Poge 4 may be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGTENE CERTIFICATE OF DEATH

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| 0.00 | | |

| SED NAME FIRST MARY FEMALE | V . | | D. A. D. | \$1 | 2a. DATE C | F DEATH | MONTH | DAY | YE AR | 26 HOL | IR |
|--|--|---|---|---|--|---|--|---|--|---|--|
| MARY | | | DAD | | | | | | | | - |
| FFMALF | A DACE | , | PAU | GETT | | | 10 | 12 | 84 | 5:2 | OP |
| FFMALF | RACE | 100-19 | 5. DATE O | BIRTH | 6 AGE IN | YEARS LAST B | RTHDAY) | IF UN | DER I YEAR | IF UNDER | 24 HRS |
| | BLACK | | 1 | 0/14/20 | 6 | 3 | YR | | DATS | HOOKS | MIN |
| PLACE (STATE OR FOREIGN | 16 CITIZEN OF WH | AT COUNTRY? | B. | □ NEVER MARRIED 5 | 9 BALTIM | ORE CITY | | | DEATH | | |
| ryland | USA | | WIDOWEL | | | TIMO | RE | COU | NTY | | M |
| OR TOWN OF DEATH | | CHARI | G HOME G ADDRESS) G LES S | TREET | | | | | | F BUSINI | SSO |
| RESIDENCE (IF NURSING HOME OF THE NURSING HOME | ROTHER INSTITUTION GIV NTY 131 | . CITY OR TOW | N I | 13d INSIDE CITY LIMITS? | 130. STREET | ADDRESS E. | / ZIP CO | cth | Ave | . 212 | 213 |
| ER'S NAME | ALIEDOLE . | 1 457 | | | AME | | | | | | |
| | MIDDLE | _ | | | tta | WIDDLE | | T. | دم! - علامة د 1 | ine | |
| S DECEASED EVER IN U.S. AR | | | RITY NO. | | | ADDF | RESS | | THE WILL | 11.5 | |
| | VE WAR OR DATES) | 214-14 | 4_998 | 5 Louis F | I Rel | lamsz | 180 |) R E | r Nor | cth | 7/17 |
| | nly one couse per line | | | J LOUIS I. | I. DEI | Tamy | 107 | 1 | APPROXI | MATE INTE | RVAL |
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| gove rise to immediate ouse (a), stating the inderlying couse lost. ART 2 OTHER SIGNIFICANT | (c)CONDITIONS CONT | TRIBUTING TO E | DEATH BUT I | | | | | | | | |
| DATE OF OPERATION | 196 CONDITIO | N FOR WHICH | OPERATION | WAS PERFORMED | | - | | RTIFYING | CAUSES | OF DEA | TH2 |
| R CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. | | AY YEAR | 21c HOW INJURY OCCU | RRED (ENTER M | NATURE OF INJ | URY IN ITEM | 18 PART I | OR PART 2 | y. | |
| d. INJURY OCCURRED WHILE NOT WHILE WORK | | | ARM, ETC) | 211 LOCATION STREET | | CITY OR T | OWN | | COUNTY | | STATE |
| | | | 84 , on | , 19 | , 10 | red on the | - 12 dote and | 19 hour one | 84 I from the | that (1)_(couses st | we) lo |
| ALA | 26 | 2 | | MT ATTENDING | MEDICA! | L STA | AFF | | 22c. DATE | | |
| DR. HY DE | | IS | | 22e ADDRESS | | Mary Mary | | CAL | CE N | TER | |
| Burial | 10/18 | 3/84 | Bal | timore Cem | eterv | TY OR TOWN | 1 | Bal" | univ imoj | PA N | STATE |
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, a removal.

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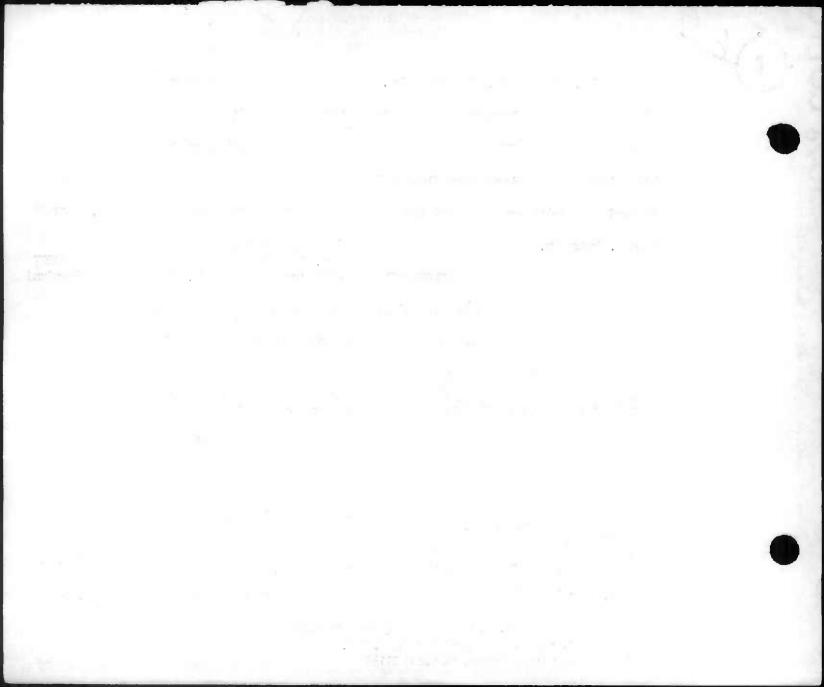
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTIME

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| 1 | 1- | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENT AT HYG ICATE OF DEATH | TENE REG. N | D. | | |
|---|---------------|---|------------------------------|------------------------------------|---|--------------------|---|---|-------------------------|--|----------------------------------|
| Ì | | CEASED NAME OR PRINT) | FIRST | | AIDDLE | | AST | 20 DATE OF DEATH | MONTH E | ON YEAR | 26 HOUR |
| ŀ | 1. SEX | | . Ja | Mes C. | Parker | Jr. | VE BIDTH | 6. AGE (IN YEARS LAST BIR | er 6 19 | IF UNDER 1 YEAR | 9:45 A |
| | | Male | | Caucas | dan | MONTH | | 81 | | AONTHS DAYS | HOURS MIN. |
| Л | 7e. BIF | RTHPLACE (STATE OR F | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | MARRIE | D Sever MARRIED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | |
| / | _ (| Georgia | | USA | | WIDOWE | D DIVORCED | Baltimore | - | | MD. |
| | | TY OR TOWN OF DEA | | Forest | Haven Nurs | address) | OR OTHER INSTITUTION | 170 USUAL OCCUPATI {TYPE OF WORK FOR MOST O | | 126. KIND O INDUSTRY Sale | BUSINESS OR |
| | 13a. S | AL RESIDENCE (# NURS STATE Maryland | 136 COUN | OTHER INSTITUTION, ITY IMORE | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Rockda | N | 13d INSIDE CITY LIMITS? YES NO X | 13e.STREET ADDRESS | | | 21207 |
| | | James C. Parl | | MIDDLE | LASI | | 15. MOTHER'S MAIDEN NAM | MIDDLE | | LASI | |
| ٦ | | VAS DECEASED EVER | | MED FORCES? | 166: SOCIAL SECU | RITY NO. | 17 INFOMES NT Jane Pa | arker ADDRI | SS | | 21207 |
| | | No | (# 123,011 | T WAR OR DAILS) | 579-05- | -0074 | 7932 Dunhil | l Village Cr. | Baltim | | Maryland |
| | | PART I. DEATH W Conditions, if ony, gave rise to imrease (o), stating underlying cause | , which mediate ng the | DUE TO, OI | R AS A CONSEQUE | NCE OF | re Alex fro | ia, se p | ted | 7 | wate interval Inset and death |
| 1 | CERTIFICATION | PART 2. OTHER SIGN Seve 19a DATE OF OPERA | e K | OVSAK | leffs , | Den | NOT RELATED TO THE TERM Lullay Ke N WAS PERFORMED | INAL DISEASE OR GON AND JEAN 200 AUTOPSY? YES TI NOW | 206 IF YES IN CERTIF | EN IN PART TO , WERE FINDIN YING CAUSES S | GS USED |
| | | 21a. ACCIDENT WAS UNE | CAUSE OF DEA | HOUR A. | M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURR | | | | |
| | MEDICAL | 21d. IN JURY OCCURI | HILE | 21e PLACE ((AT HOME, STR | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 21f. LOCATION STREET | CILA OM IO | wN | COUNTY | STATE |
| | | 220.1 certify that (1) saw the decease above (1) (we) (| - | 40 .4 | | | nd that I (my) (our) apinion o | to October death accurred on the de | | and from the | |
| | | 276. SIGNATURE | ols | RASO | W | 1 | DEGREE ATTENDING PHYSICIAN | MEDICAL STA DIRECTOR PHYSK | FF CIAN [| 10-7 | 7-8-9 |
| | | Dr. Ha | arold | Bob | | | 7220 Pa | ack Hey | ht | 2/2 | 08 |
| | . } | BURIAL, CREMATION, (SPECIFY) Burial | | 10-09- | 84 | Rock C | reek Cemetery | 23d. LOCATION | | COUNTY | STATE |
| | | NAME Liberty | Lorin Road F | ng Byers F Nandallsto | uneral Dire wn, Marylar | ectors, nd 2113 | Inc. 250. DATE | E REC'D. BY REGISTRAR | 256. REGISTI | Builton | URE Phydall |

DHMH - 16 50M 4/83 (VRA 15, 4)

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|--|--------------|---|--|--|------------------|---|---|------------------|----------------------------|----------|
| | 3. SE | Y Female | 4 RACE Whi | te | Dec Dec | 23, 544 19014 | #. AGE (1978ARS LAST 88 | | UNDER I SEAR | HOURS IN |
| A A A | 9. 8 | IRTHPLACE 1314TE ON FOREIG COUNTRY Germany | 75. CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOWE | DI NEVER MARRIED D | Baltimore City of | | | |
| 11 90 | 10.C | TOWSON | | | G HOME C | R OTHER INSTITUTION | 17s USUAL OCCUPATION OF WORK FOR MOST S HOUSewife | OF WORKING LIFE) | 125 KIND OF | BUSINESS |
| Illed in | USU 13a | AL RESIDENCE OF NORSING HE STATE Maryland | ME ON OTHER INSTITUTION COUNTY | Baltimor | e e | IN INSIDECITY LIMITS? | 13e STREET ADDRESS 2101 WOO | dbourne | Ave | 2121 |
| 200 July 200 | JA. F. | Ernest | MODIE | Haupt | | 15. MOTHER'S MAIDEN NA | Unknown MODES | | LAST | |
| Poper Condition | | WAS DECEASED EVER IN U. | S. ARMED FORCES? ES. GIVE WAR DR DATES! | 219-42-5 | | Ernest Pat | zold ADDRI | | ne As 1 | 3e |
| rquines that the death a signed by the attend to be being committee of be being, or other traumal nivery, or other traumal | NO | underlying couse for | ch (b) (b) (ch (ch (ch (ch (ch (ch (ch (ch (ch (ch | OR AS A CONSEQUENCE ON TRIBUTING TO DE | NCE OF | NOT RELATED TO THE TERM | AIN SO | | IN PART NO | |
| and he law in her been to be been been been been been been been | THEATION | 140 DATE OF OPERATION | IR COND | OTION FOR WHICH O | OPERATIO | N WAS PERFORMED | TES NOTE | | WERE FINDIN NG CAUSES (| |
| At OR ATTENDING PHYSICIAN 1 r the hospital or attending physics At DisECTOR After this certificate deteched for use at the buriel from the Dept. of Health and Meutil Hyg If it here 2 is movied or here it is | MEDICAL CERT | TIB. ACCIDENT WAS UNDERLYS OR CONTRIBUTION COLOR (IF BITHER, NOTHY MEDCAL EX. THE INJURY OCCURRED WHITE AL WORK AT WORK TO THE decepted of obover, (II) was added to. The Sign Atture | OF DEATH AMMES THE PLACE ALL MOMES ST WE SO IN SHE SHE SHE | .M. MONTH DA M. OF INJURY INSET PACTORY OFFICE TO THE DISCOUNTY TO THE DIS | 19 84.87C) | 211. LOCATION STREET 19. 19. DEGREE ATTENDING PHYSICIAN | 3 to 10/ | 20 19 | S# 1 | 1 |
| o HOSPIT etuned by TO FUNER Papeld be d with the St | | 724 PHYSICIANS NAME Vuong | vu Nguyer | april 100 control of the control of | ĺþ | 6331 Belai | r Rd Balt. | imore, | Maryla | nd Zj |
| BP | 73u. | BURIAL CREMATION, REMO | | 30/84 IN N | | emetery or crematory lens Of Faith | Baltim | ore, Ma | ryland | STAT |

Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

75. HOUR

254 DATE RECID. BY REGISTRAR 236. REGISTRAR'S SIGNATURE

In DATE OF DEATH

Items 5 & 6 11/7/84 mtb

- STATE

LTYPE OF PRINCIL

REGISTRAR

14. FUNERAL DIRECTOR

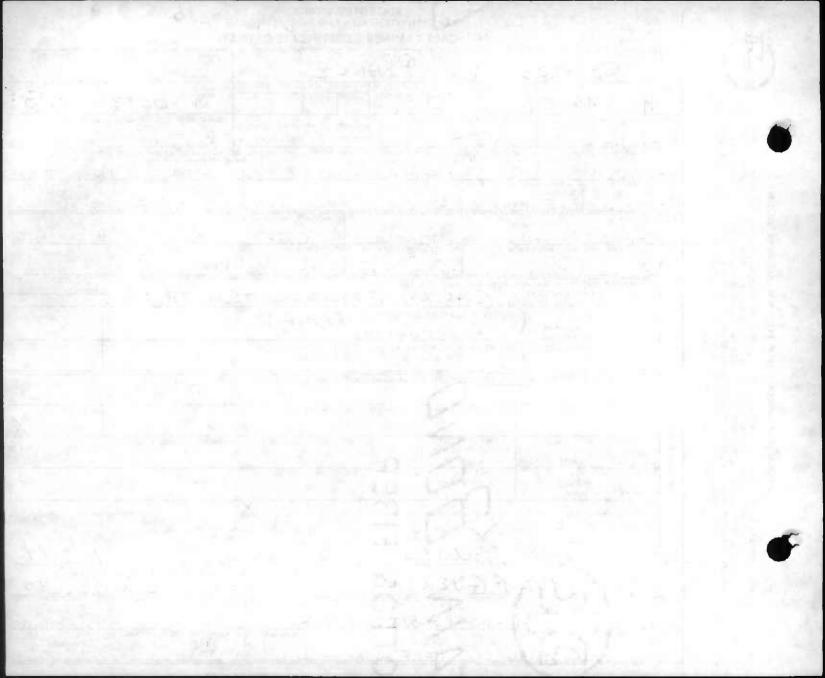
DHMH - 16 50M 4/82 (VRA 15, 4)

DECEASED NAME

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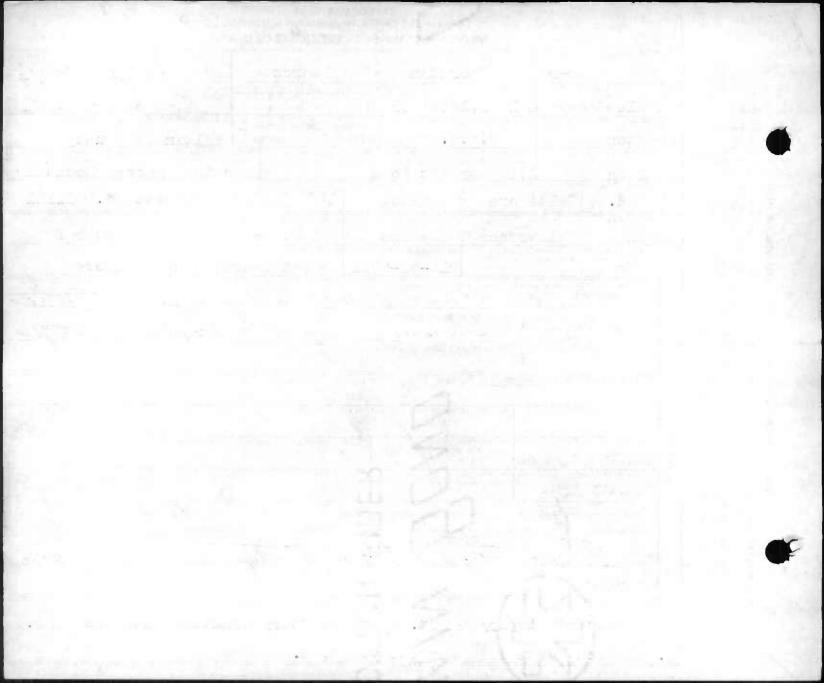
| | 1- | STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO. | |
|--|---------------|--|-------------------|
| | (TYI | DECEASED NAME FIRST MIDDLE PEARCE 120 DATE KNOWN MONTH DAY OF ESTI- DEATH MATED 19 | YEAR 26 HOUR |
| VEPAL DIRECT COR YOUR F VITHIN 72 HO PRESTON STRE | 3. SEX | MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED OCTG 19 RIPTHDIACE (STATEOR TO CITIZEN OF WHAT COUNTRY? 19 8 BALTIMORE CITY OR COUNTRY? | 84 375 MH |
| IS REES HE FUNER 35 5 FOR LED, WITH 01 W. PRES | m | POREIGN COUNTRY) 1 A RYLADO 1 S. A. WIDOWED DIVORCED BALTIMORY CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND) | -1. |
| WD. 21201 I. IF ANY DELAY IS LEESABLY, 2, AND 3TO THE FUNRE BD. 2. SHOULD BE FILED, WITHING ALL RECORDS, 201 W. PRESTORM. | USU/ | ARRISM 10 037 HARFORD ROAD OPERATOR LOCAL UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS, | 21234 |
| E S S S S | | FATHER'S NAME FATHER'S NAME CHARLES MIDDLE MIDDLE MIDDLE PERST SOITH D. BLACE SOITH D. | |
| T., BALTIMOR JURS AFTER DE B. GIVE PAGE WITH FORM WIT. PAGES 1 A E., DIVISION OF | (1 | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (16 YES, GIVE WAR ORD DATES) WE WIT TO THE OHTE | DXIMATE INTERVAL |
| CUTED WITHIN 24 HO CUTED WITHIN 24 HO I. EXAMINER ALONG IRIAL - TRANSIT PERM ND MENTAL HYGIENE | 7 | PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CHSTROVATE STINAL HEMOCRAHAGE Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CIRRHOLLS (b) ALCOHULLSM DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | N ONSET AND DEATH |
| AL RIAL | CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES | OPSY? |
| DIVISION O IIS CERTIFICAT WRITING THE ARDED TO TH GE 3 SHOULD TRE DEPARTM 201 PRIOR TO | MEDICAL CER | | STATE |
| AL EXAMINER: THE CERTIFICATE OULD BE FOR ALD DIRECTOR: TH, WITH THE SE | | 220. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined monner , IITLE (SPECIFY) M.D. DEPUT MEDICAL EXAMINER SIGNED | 7/84 |
| TO MEDIC EXECUTE THE PAGE 4 SH TO FUNER AFTER DEATINORE | 23o.E | EXAMINER'S NAME PAUL FGUERIN ADDRESS CUCKEYSUILLE MOZ BURIAL, CREMATION, REMOVAL 236 DATE 234, NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY | 1030 STATE |
| BP | 13 24 F | FURIAL DIRECTOR FUNDAMENTAL DIRECTOR ADDRESS 8800 ISON PATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS REGISTRAR'S SIGNATURE REG | ARYLAGO |

20M 4/82



| | 7 | FOR | D | STATE OF HEA | F MARYLAND | YGIENE 2 6 5 | 3 7 |
|----|---------------|--|------------------------------|--|------------------------------------|---|--|
| | 1- | STATE REGISTRAR | MED | DICAL EXAMINER | S CERTIFICATE O | F DEATH REG. NO |). |
| | | EASED NAME FIRST | | WIDDLE | LAST | 76. DATE KNOWN C | MONTH DAY YEAR 26 HOU |
| | | Laura | | ornton | Pearce | DEATH MATER | Tobal3198477 |
| | 3. SEX | 4. RACE | 5. DATE OF BIRTH | YEAR LAST BIRTHDAY) | UNDER LYR. IF UNDER | 24 HRS. 20 DATE | MONTH DAY YEAR 74 HOU |
| | _ | male Caucasa | | 1891 93 yrs. | | DEAD CTO | 5/13 18/ 1/2 |
| 渞 | FO | RTHPLACE (STATE OR REIGN COUNTRY) | 76. CITIZEN OF WH | M | ARRIED _ NEVER MARRI | BALTIMORE CITY O | R COUNTY OF DEATH |
| 劉 | | nkton | U.S. | | OWED DIVORCE | 27012 022002 | |
| d | 10. CI | TY OR TOWN OF DEATH | (IF NOT IN SUCH FAC | PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS) | OTHER INSTITUTION | 128 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| 7 | | nkton LRESIDENCE (IF IN NURSING HOME C | | rbett Road | | Practical Nu | rse Medical |
| | 13a. Si | ATE Md. Balt | imore | Monkton | 13d. INSIDE CITY LIMITS? YES NO | 1325718 Corbet | t Rd. 21111 |
| 00 | 14. F.A | THER'S NAME FIRST | WIDDLE | LAST | 15. MOTHER'S MAIDE | WIDDLE | LAST |
| 4 | | win La | wrence | Pearce | Florenc | | Scarff |
| | 16a. V | AS DECEASED EVER IN U.S. ARA | AED FORCES? WAR OR DATES) | 166 SOCIAL SECURITY NO | 17. INFORMANT | ADDRESS | |
| ı | | No | | 218-52-070 | l Susan P | earce same a | s above |
| - | | 18 CAUSE OF DEATH (Enter an | y ane cause per line | fgr (a), (b), and (c/.) | 0/5 | 1 - | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | | E CAUSE (a) | erce) | gespelar | on tall | sera 48 pe |
| | | Canditians, if any, which | DUE TO, OR | AS A CONSEQUENCE OF | 1 4 | 1 | a Very |
| | | gave rise to immediate | (b) | nonec | Congostos | ul Tacker | so a pe |
| | | cause (a) stating the <u>under</u> - lying cause last. | DUE TO, OR | AS A CONSEQUENCE OF | | | |
| | | | (c) | | | | |
| | NO | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH 0 | OUT NOT RELATED TO THE TERMINAL O | ISEASE OR CONDITION GIVEN IN PAI | RT 1 to | |
| 7 | ATIC | 190 DATE OF OPERATION | 196 CONDIT | ION FOR WHICH OPERATIO | N WAS PERFORMED? | | 20 AUTOPSY? |
| 1 | IFIC | STATE OF THE STATE | | | | | YES NO |
| 7 | CERTIFICATION | 210 EXTERNAL CAUSE WAS | 21b. TIME OF | MONTH DAY YEAR | c. HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| 1 | | UNDERLYING OR CONTRIBUTING CAUSE OF I | | MONTH DAT TEAR | | | |
| | MEDICAL | 216 INJURY OCCURRED | 21e PLACE C | | LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | ¥ | AT WORK AT WORK | J STREET, FACTO | Only (ARM, E1C.) | SINELI | CITOKIOWN | COUNTY STATE |
| | | 220 I certify that I taak charg | e of the remains desc | cribed abave, held on A | utapsy . Inspection | n , Inquiry A an | d in my apinian |
| | | | al causes | Accident , Suicide | Hamicide | Undetermined manner . | 1 |
| ĺ | | Gedin resolved from: Natur | di cooses | Account L.J., Suicide | TIME ISSUES | Virgeletinined induner []. | |
| , | | ACTUAL SIGNATURE | 27+Ch | nenells | wo Daden | MEDICAL EXAMINER | DATE SIGNED 13/86 |
| Д | | | - 0 | | 27 | THE DICAL EXAMINER | SIGNED |
| 1 | | EXAMINER'S NAME (TYPE OR PRINT) | | 40 | ADDRESS | | |
| 1 | 23e.B | JRIAL, CREMATION, REMOVAL 2 | 36 DATE | 23c. NAME OF CEMETE | | 23d LOCATION CITY OR TOWN | COUNTY |
| | (5 | Burial | 10/15/8 | | ~ . | | timore Md. |
| | 24. FI | JNERAL DIRECTOR | 20/22/0 | 1 DV V CAME | 250. DATE F | REC'D. BY REGISTRAR 256. REGI | STRAR'S SIGNATURE |
| | M. | Gladden Kur | tz III | Jarrettsvi | lle Mduli 1 | 1 8 H84 alin 1 | ide a Brillian |
| 1 | | | | | | | |

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| 0 | s ofter | by the | 10 | 10 |
| ND 212 | 24 hour | filled in ould be ! | 1 | 13 |
| MARYLA | ed within | ond 2 sh | 0 | 14 |
| IMORE, | pe execu | Poges 1 | medico | 16 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL CATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after described by the hospital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. | IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other traumatic event, the medical external | MOLECUSIZABLE IN CIGARA |
| | 7 5 | F 20 3 | 5 | 22 |

BP_

DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 10. | | | |
|---------------|---|-------------------------------------|--------------------|------------------|-------------------|----------------------------------|-------------------------------|----------------------|---------------|------------|-----------------|
| | CEASED NAME | FIRST | 2 | AIDDLE | Panda | (PENDERGAST) | 20 DATE OF DEATH | MONTH DAY | Y YEAR | 26. HO | UR.2.5 |
| | | Mars | 1 | 7. | 16100 | vaari | | 10-7 | -84 | 6 | DM |
| 3. SE | x F emale | | MACE V | hite | S. DATE C | | 4 AGE (IN YEARS LAST BH | | INTHS DAYS | HOURS | AIN. |
| | RTHPLACE (STATE OR FO | DREIGN 71 | CITIZEN OF | WHAT COUN | TRY? | D NEVER MARRIED | BALTIMORE CITY | OK COUNTY O | FDEATH | | |
| | aryland | | U: | 214 | WIDOWE | | CO | unit y | 1 | | MD. |
| 10 C | ITY OR TOWN OF DEA | ATH 1 | | HOSPITAL, NU | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | 126 KIND C | F BUSIN | ESS OR |
| | ballin | me | 10 | wes | BB 1 | Yursing Home | Disabled | | | None | 572 |
| USU. | AL RESIDENCE (IF NURS STATE Md. | ING HOME OR O 136 COUNT Balti | Υ | 13c. CITY OR | TOWN | 134 INSIDE CITY LIMITS? YES X NO | 3 STREET ADDRESS Spring G | | ate Ho | × o | al |
| 14. FA | ATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NAM | WE | | | | |
| | Thomas | Hen | DOLE LYV | Pender | rgast | Philomen | a | - ! | Meiste | | |
| 16a. V | WAS DECEASED EVER | | ED FORCES? | | SECURITY NO | 17 INFORMANT | ADDR | ESS | | | |
| -(| NO NO | (IF TES, GIVE W | AR OR DATES) | Nor | ne | James Pender | gast, Oakla | and, Md. | 215 | 50 | |
| | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter only | one cause per | line far (a), (b | , and icia | | | 1- | BETWEEN | MATE INTE | RVAL D DEATH |
| | PART I. DEATH W | MMEDIATE | | Ca | idio. | - respina | tem av | vest | | | |
| | | | DUE TO, O | R AS A CONSI | EQUENCE OF | | 1 | | | | |
| | Conditions, if any, | | (b) | oMi- | ntal | Kerava | atum. | | | | |
| | couse (o), stofin | g the | DUE TO, O | R AS A CONSI | EQUENCE OF | | | | | | |
| | | | (c) | | | | | | ل | | |
| Z | PART 2 OTHER SIGN | NIFICANT CO | nditions <u>co</u> | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | ADITION GIVEN | I IN PART 16 | 0 ' | |
| CERTIFICATION | 190 DATE OF OPERA | TION | 196 COND | TION FOR WI | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, V | WERE FINDIN | NGS USE | D TH? |
| Ē | | | 1011 2011 0 | 5 11 11 15 11 | | Tax Househouse account | YES NOK | YES | | NO [| |
| | 218. ACCIDENT WAS UNI | | HOUR A. | | DAY YEAR | 21c HOW INJURY OCCURR | CED (ENTER NATURE OF INJ | JRY IN ITEM 18, PART | I OR PART 2 | | |
| MEDICAL | (IF EITHER, NOTIFY MEDIC | | P. 21e PLACE | | 19 | 211 LOCATION | | | | | |
| MEC | 1615 | HILE 🗀 | (AT HOME, STE | EET, FACTORY, OF | FICE, FARM, ETC.) | STREET | CITY OR TO | IWN | COUNTY | S | STATE |
| | 220.1 certify that (1) sow the decease | | I) attended th | 7 | | nd that in (my) (aur) apinion of | 4.10 | 1 19 | | that (I) (| |
| 1 | abave, (I) (we) (c | did) (did nat) | view the body | | -1 | DEGREE | beam occurred on the c | Tate and naur a | 22c DATE | | |
| | THE SIGNATURE | Low | arlos | S | | MB ATTENDING PHYSICIAN | MEDICAL STA | AFF ICIAN | 10- | 7 - | 84 |
| | 22d PHYSICIAN'S N | AME (TYPE OR P | | 055 | | 220 ADDRESS Tome | 1/BB | Nun | mg | Ho | me |
| 23e. [| BURIAL, CREMATION, | REMOVAL | 23b. DATE | | 23c NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | CI | OUNTY | S | TATE |
| | buria | 1 | 10/10 | /84 | Oakland | Cemetery | Oakland, | | | ylar | ıd |
| 1 | UNERAL DIRECTOR | | | ADDRES | | 8003 3 | REC'D. BY REGISTRAL | Way Davidse | A Hand | URE | - |
| B | radley A. | Stewar | t Oa | kland, | Marylan | id 21550 | THE PARTY OF | | | | A |



on and completely filled in by the funeral director, page 3 is. Pages 1 and 2 should be filed within 72 hours ofter death

STATE OF MARYLAND

| FOR STATE REGISTRAR | | DEPARTM | | HEALTH AND | MENTAL HYG DEATH | REG. N | 0. | | |
|--|---|--|------------|------------------------|----------------------|--|----------------|-----------------|---|
| 1. DECEASED NAME FIRST | | WIDDLE | | LAST | | 2a. DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| Helen | | M | Pe | ters | | 10/27/ 19 | 84 | | 1:30 AM |
| 3. SEX | 4 RACE | | | OF BIRTH | | 6 AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | R IF UNDER 24 HRS |
| female | W | hite | MONT 6 | B DAY | O2 | 82 | ONTHS DAYS | HOURS MIN. | |
| To. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER | MARRIED - | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| Mary land | 22.00 4 | | | | NORCED | Baltimore County | | | ME |
| 10. CITY OR TOWN OF DEATH Baltimore | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 6718 Bessmer Avenne | | | | | 12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O house-wii | F WORKING LIFE | INDUSTRY | OF BUSINESS OR |
| Control of the last of the las | | GIVE RESIDENCE BEFORE . 13c. CITY OR TOWN | | 13d. INSIDE | CITY LIMITS? NO 🔀 | 13e STREET ADDRESS 6718 Bess | mer A | venue | 21222 |
| 14. FATHER'S NAME FIRST John | MIDDLE | Schaech | | | S MAIDEN NAM | WE | | Geis | AST |
| 160 WAS DECEASED EVER IN U.S. A | | 166 SOCIAL SECUE | RITY NO. | 17. INFORM | ANT | ADDRE | SS | | |
| (YES, NO OR UNKNOWN) (IF YES, G | GIVE WAR OR DATES) | 212 10 1 | 191 | Harry | Peters | 10005 Maol | le Ave. | . Colu | mbia, Md |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | (b) DUE TO, O (c) CONDITIONS CO | R AS A CONSEQUE | NCE OF | | | INAL DISEASE OR CON | | N IN PART 1 | |
| A IVE DATE OF OPERATION | 198 COND | ITION FOR WHICH O | OPERATIC | ON WAS PERF | OKMED | YES INOI | | ING CAUSE | S OF DEATH? |
| | EATH | DE INJURY M. MONTH DA M. | Y YEAR | | NJURY OCCURE | RED (ENTER NATURE OF INJU | | | 40 D |
| OR CONTINUOUS CAUSE OF DE CITE ETHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE AT WORK AT WORK | 21e PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC) | 21f. LOCAT | | CITY OR TO | WN | COUNTY | STATE |
| 270.1 certify that (1) (this has saw the decased alive a obave, the well (#4) (did not be supported by the same obave, the well (#4) (did not be supported by the same obave, | In 10-2 Inot) view the body | 719 | | DEGREE 22 ADDRE S499 | ATTENDING PHYSICIAN | MEDICAL STAL DIRECTOR PHYSIC | FF | | that the (we) lose couses stated E SIGNED |
| 230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial | | A CONTRACTOR OF THE PARTY OF | | | CREMATORY | 23d. LOCATION CITY OF TOWN Baltin | nore | COUNTY | STATE Md |

BP.

TO FUNERAL DIRECTOR, A should be deteched for use with the Stote Dept. of Hea MPORTANT, IF NO

ATTENDING PHYSICIAM, The

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
Walter Dabrowski

1005 Dundalk Avenue

New Cathedral

23d. LOCATION
CITY OR TOWN
Baltimore Cemetery Baltimore

25g Date Rec'd, By Registrar 24, Begistrar 3 Sign

COUNTY

| -3 -9-1- | 10/17/ 1984 | 2.15. | sil n | - to | 3 |
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| 7. | | add aga | Schaech | 0.00 | migh |
| bit , midsett . | .aoloss 60001 a | mary Pates | Till Walls | | 0.0 |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) FONA eterson 0 AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR 4 RACE 5. DATE OF BIRTH YEAR PLAMATA To BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** (STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 176 KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADORES TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OFFIC FOST USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21234 IZe STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO D 239 WSS ALT 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. EYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) + AMILY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Agute aspiration pneumonia 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to A CONSEQUENCE OF Respiratory failure Conditions, if ony, which gove rise to immediate Emphysema cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 706. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO NO | 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 27a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the body after deat and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27h SIGNATUR EGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 77e ADDRESS 7620 York Road towson md 21204

nould be deto PORTANT: Dr S Brahim, M.D. 230 BURIAL, CREMATION, REMOVAL BURIAL

236 DATE

73c NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

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Dept.

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DIRECTOR

24 FUNERAL DIRECTOR HAPELOF / ISMORIES

pacastal de ancal 4810 45 - 11 - 41 The state of the state of the state of THE RESERVE OF THE PROPERTY OF THE PARTY OF Live to the second proof of the second the contract of OCT 1834 - - - - Fortes

al director, page 3 hours after death

STATE OF MARYLAND

OCT 3 0 1084

| 1 - | STATE REGISTRAR | | | DEP | | EALTH AND MENTAL HY ICATE OF DEATH | GIENE REG. N | O. | | |
|---------------|--|--|--|-----------------------------------|------------------------|---|----------------------------|---------------------------|-------------------------|-----------------------------|
| | CEASED NAME | FIRST | A | AIDDLE | L | AST | 20. DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| firek | OR PRINT) | LILLI | AN | В | PHILLIPS | 3 | OCTOBER 27 | . 1984 | | 11:40AM |
| 3 SE | X | 4 | RACE | | 5. DATE O | | 6 AGE (IN YEARS LAST BIE | | UNDER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| FI | EMALE | | CAUC | ASIAN | O1 | 18 1892 | 92 | YRS | N(HS) DATS | HOURS MIN. |
| | RTHPLACE (STATE OR | FOREIGN 71 | CITIZEN OF | WHAT COUN | TRY? B. | NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY O | F DEATH | |
| N | MARYLAND | | | USA | WIDOWE | DIVORCED [| BALTIMORE | | | MD. |
| | TY OR TOWN OF DEA | ATH 1 | 1. NAME OF I | | | R OTHER INSTITUTION | 12a USUAL OCCUPAT | OF WORKING LIFE) | 12b. KIND O INDUSTRY | F BUSINESS OR |
| - | SSVILLE | | FRANK | | | OSPITAL | HOUSEWIF | E | | |
| 13n S | AL RESIDENCE (IF NURS STATE LRYLAND | 113b. COUNT | MORE | ROSE | | 134. INSIDE CITY LIMITS? | 8217 PHI | ZIP CODE | 21 PHIA P | 1237 RD. |
| 14. FA | JOHN | MI | DDIE B | ERNHA! | RDT | REBECCA | | | sco | |
| | VAS DECEASED EVER | IN U.S. ARM | | | SECURITY NO. | 17 INFORMANT | ADDR | ESS | | |
| (| AES' MO NIKNOMI) | (1F YES, GIVE Y | WAR OR DATES} | 2193 | 40630 | GEORGE M. | PHILLIPS | SR. 20 | - | AREHAM |
| | 18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony gove rise to im- couse (o1), statif- underlying couse | AS CAUSED IMMEDIATE , which mediate ng the last. | $\begin{cases} \text{DUE TO, OI} \\ \text{DUE TO, OI} \\ \text{DUE TO, OI} \\ \text{(c)} \\ \text{(c)} \end{cases}$ | CARDIOP R AS A CONS R AS A CONS | EQUENCE OF SEQUENCE OF | ARREST RIGHT LOWER I | | | | MATE INTERVALED |
| Z | | | EMENTRA | | | | MINALDISEASE OR COM | DITION GIVE | 4 114 1 2001 111 | , |
| CERTIFICATION | 190 DATE OF OPERA | 1 | the same of the sa | | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, YIN CERTIFYI | WERE FINDIN | OF DEATH? |
| MEDICAL CERTI | 218, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED | CAUSE OF DEATH | P., | M. MONTH | DAY YEAR | 21c HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | | T 1 OR PART 2} | NO L |
| MED | 21d. INJURY OCCUR WHILE AT WORK AT WO | HILE DRK | | EET, FACTORY, O | FFICE, FARM, ETC.) | STREET | CITY OR TO | | COUNTY | STATE |
| | 220 I certify that XII sow the deceos obove XII) (we) (22b. SIGNATURE | ed alive on | OCTOBE | B27 | 19 <u>84</u> , on | MBER 13 19 8 Id that in (Xy) (our) opinion DEGREE ATTENDING PHYSICIAN | m death occurred on the d | ate and hour o | | |
| | 22d PHYSICIAN'S N | AME (TYPE OR | PRINT) |) | | 22e ADDRESS | - DIRECTOR - FITTS | CANTU | | |
| | J.M. 1 | NIEHOF | F M. | 6. | | | KLIN SQUARE | DRIVE | 2123 | 37 |
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | | | | | REG. N | | | | | |
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TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and coshould be defached for use as the burial-transit permit. Then please remove corban popers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician. which they are the state of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.

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FOR 1 - STATE

MITCHELL-WIEDEFELD HOME, INC. * 6500 York Rd.

STATE O AARYLAND DEPARTMENT OF HE TH AND MENTAL HYGIENE

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| 6 | | IRTHPLACE (STATE OR COUNTRY) | | US | | ? 8 MARRIE WIDOWI | ED NEVER MARRIED | 9 BALTIMORE CITY Baltimor | OR COUNTY OF DE | ATH | |
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IMPORTANT: If Item 21 is morked on the

Duda Ruck Funeral home

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burnal-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retoined by the hospital or attending physician.

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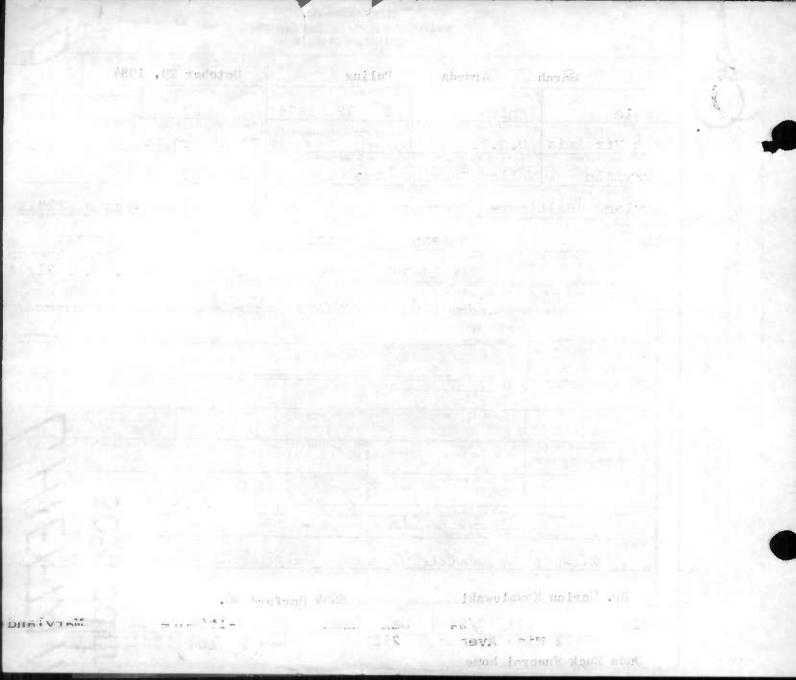
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| t | _ | Y OR TOWN OF D | | 11. NAME OF | HOSPITAL, NURS | ING HOME C | R OTHER INSTITU | | 12a USUAL OCCUPA | TION | 12b. KIND C | OF BUSINESS | _ |
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| 1 | | AS DECEASED EV | | | 16h SOCIAL SEC | URITY NO. | 17. INFORMANT | | ADD | RESS96 | 10 Maso | n Ave | enu |
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| Ì | ME | WHILE IN NOT | WHILE WORK | | REET, FACTORY, OFFICE | E, FARM, ETC) | STREET | C | CITY OR | TOWN | COUNTY | STAT | Æ |
| | | 22a.1 certify that sow the dece above, (1) (was 22b. SIGNATURE | nced alive on | 1. | 2.3 10 | 54,01 | DEGREE | nDING | eoth occurred on the | dote and | | that (I) (we couses state | |
| + | | 226. PHYSICIAN'S | NAME (TYPE C | DR PRINT) | melle | su. | 22e ADDRESS | SICIAN | DIRECTOR PHY | SICIAN [| 170 | -24-87 | _ |
| | | Dr. M | arion | Kowalew | ski | | 8604 | Iarfo | n Bd. | | | | |
| | | URIAL, CREMATIO | N, REMOVAL | | | | EMETERY OR CRE | MATORY | 23d LOCATION CHY OR TOWN | 1112 | COUNTY | STAT | TE |
| | | irial | | 11/ | 2/84 | Oak | Lawn | | Baltim | _ | | Mary] | Land |
| | 24. FL | INERAL DIRECTOR | 7922 V | Vise Av | venue | 212 | 22 | 259 | REGID, BY REGISTA | AR 256 REC | SISTRAR'S SIGNA | andell | |

DHMH - 16 50M 4/82 (VRA 15, 4)



death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

| | REGISTRAN | | | | | REG. N | O | | | |
|---------------|---|--|---------------------------------|--------------------|---------------|--------------------------|----------------|-------------------|-----------|----------|
| | CEASED NAME EDNA | MODIE | 0 | POLLOC | K. | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOU | IR |
| (TYPE | ORPRINT) F. J. D. C. | m | P | 1120 | | I | 0-2 | 1-84 | 8:0 | 8 Am |
| | - Dulla | | S DATE (| 71.0 | | 6 AGE (IN YEARS LAST BI | | IF UNDER I YEAR | IF UNDER | |
| 3 SEX | | 4. RACE | MONTE | H DAY | YEAR | B AGE (INTERESTASI BE | INDAT | MONTHS DAYS | HOURS | MIN. |
| F | -emale- | WHIT | E 3 | - 12- | 89 | 95 | YRS. | | | |
| 7a. BI | RTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT | OUNTRY? 8 | - | | 9. BALTIMORE CITY | R COUNT | OF DEATH | | |
| (| OUNTRY) M | 115 | | D NEVER MA | | 9.11 | 0 | | | |
| | I'ld | uis. | | DIVO | | 154110 | 0. | | | MD. |
| 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPIT. (#FNOT IN SLICH EACILITY | | OR OTHER INSTIT | JION | 12a USUAL OCCUPAT | | 12b. KIND O | F BUSINE | ESS OR |
| B | altimore | ST. | Juseph | 14051 | oi tal | Homemal | | | - | |
| USUA | AL RESIDENCE HE NURSING HOME OF | OTHER INSTITUTION, GIVE RES | | 1105 | 1/ | | | 21 | 204 | |
| | TATE 136 COUR | | YORTOWN | 13d. INSIDE CITY | LIMITS? | 13e.STREET ADDRESS | / ZIP CODI | | | |
| | Md. Bal | to. Ba | ltimore | | | 266 E. St | isque | nanna | Ave | • |
| 14. FA | THER'S NAME | MIDDLE | LAST | 15. MOTHER'S A | | AE MIDDLE | | LAS | 1 | |
| | Oliver | | ruerv | | lice | Caro | line | - | ierv | , |
| I An V | VAS DECEASED EVER IN U.S. AR | | CIAL SECURITY NO. | 17 INFORMAN | | ADDR | same | | - | |
| | | E WAR OR DATES) | | | | | | | 255 | |
| | no | 21 | 2-01-6368 | -D R | aymon | d Polloc | s Sr. | (son) | | |
| | 18 CAUSE OF DEATH (Enter or | nly one couse per line for | (a), (b), and (c).) | ٥ | | . 0 . | | BETWEEN | MATE INTE | DEATH |
| | PART I. DE ATH WAS CAUSE | D BY: | aleran | arrell | 'A (| leeden | | | nut | |
| 0.7 | IMMEDIA | TE CAUSE (o) | 00 9 0 | 200 | | | | | | |
| | THE STATE OF STREET | DUE TO, OR AS A | CONSEQUENCE OF | | | | | | | |
| 13 | Conditions, if ony, which | (b) | | | | | | | | |
| | gove rise to immediate couse (a), stating the | DUE TO OBAS A | CONSEQUENCE OF | | | | | | | |
| 199 | underlying cause last. | DUE TO, OK AS A | CONSECUENCE OF | | | | | | | |
| | | , (cl | | | | | | | | |
| 2 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIB | UTING TO DEATH BUT | NOT RELATED TO |) THE TERMI | INAL DISEASE OR CON | DIFION GN | EN IN PART TI | | |
| 9 | (E) (13) (E) (E) (1) | | | | | | | | | |
| CA | 190 DATE OF OPERATION | 19b. CONDITION F | OR WHICH OPERATIO | N WAS PERFORA | AED | 20a AUTOPSY? | | S, WERE FINDIN | | |
| E | | | | | | YES NO | | S 🗍 | NO [| |
| CERTIFICATION | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJUI | RY | 21c HOW INJU | RY OCCURR | ED (ENTER NATURE OF INJU | IRY IN ITEM 18 | PART I OR PART 2) | | |
| | OR CONTRIBUTING CAUSE OF DE | 110110 4 44 44 | ONTH DAY YEAR | | | | | | | |
| No. | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | | | | | | |
| MEDICAL | 21d, INJURY OCCURRED | 21e PLACE OF INJ | JRY ORY, OFFICE, FARM, ETC.) | 211 LOCATION | | CITY OR TO | OWN | COUNTY | | STATE |
| 2 | AT WORK NOT WHILE | (AT HOME, STREET, FACT | OKT, OTTICE, FARM ETC.) | F (2) | | | | | | |
| | 22a I certify that (1) his hasp | ital) attended the decer | sed from | - 11 10 - 11 | 10 77 | 10 /0- | 21 | 1084 | that (1) | we) lost |
| | sow the deceased olive or | 18-71 | | ad that in (my) (a | ur) opinion d | leath occurred on the d | ate and hou | - ' | | |
| | obove Illiwei (did) did no | yew the body ofter d | eath. | 0 | or, opinion o | icom occorred on me o | ore one not | | | 3160 |
| | 22b. SIGNATURI | 0/4 | 0 | DEGREE | | | | 22c. DATE | SIGNED | 201 |
| | V/02/11/21 | # Monn | M | AT1 | PSICIAN | MEDICAL STA | FF CIAN [] | 10-1 | L) - | -84 |
| | 224 PHYSICIAN'S NAME ITYPE | OR PRINT! | | 22e. ADDRESS | 10101111 322 | | | | | |
| -25 | 0-1-0 | +15 | tonor | 7 | 111 1/ | 1 KP.1. | LOW | con - | 717 | OV |
| | KUDE | 1 121 | 101101 | | 19/ | Ch 1. Eco. | 1000 | 9 001 | L) C | 0 9 |
| | BURIAL, CREMATION, REMOVAL | . 23b. DATE | 23c. NAME OF C | EMETERY OR CR | EMATORY | 234 LOCATION | | | | |
| | BURIAL | 10/24/8 | 4 MOREL | AND MEM | . PAR | BALT: | MORE | COUNTY | MD. | STATE |
| - | | | | | - | REC'D_BY REGISTRAF | | | | |
| | UNER SCHIMUNEK | | | | | 1 2 4 900 | | Devidson | | 600 |
| | 3331 Brehm | s Lane, B | arto. Md. | 21213 | | - FI A 1904 | 0 | | 2/ 10 | - |

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather troumotic event, the medica

IMPORTANT: If them 21 is marked ar them 18 shows any

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deoth. Page

requires that the death certificate be executed within 24 hours after

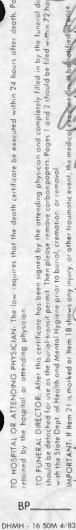
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| 3. SE | × FEMA LE | WHITE | 5. DATE C | 2/14Y YEAR | 6. AGE (IN YEARS LAST BIRT | YRS | FUNDER TYEAR | IF UNDER 24 HRS. HOURS MIN. |
| | | 76 CITIZEN OF WHAT CO | OUNTRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | | | |
| | New York | U.S.A. | WIDOWE | DIVORCED [| BALTIMORI | COU | INTY | MD. |
| | ITY OR TOWN OF DEATH | GBMC OF HOSPITAL | | RLES STREET | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKET | | | OF BUSINESS OR |
| 130. 5 | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Balt | other institution, Give RESIDE ITY 134. CITY Spat | OR TOWN | 13d. INSIDE CITY LIMITS? YES NO 🔀 | 13e.STREET ADDRESS / 1426 Belf | ZIP CODE | oad 21: | 152 |
| 14. F/ | ATHER'S NAME FREST Frederick | MIDDLE Burl | LAST hop | IS. MOTHER'S MAIDEN NAM Marie | WE | | LAS | 51 |
| | WAS DECEASED EVER IN U.S. AR | CANAD OR O A SECO | IAL SECURITY NO. | 17 INFORMANT | ADDRE | | | |
| | No | 212 | -12-9755B | Mrs.Peter Gor | rman Jr. 591 | 4 Cha: | rlesme | ade |
| 1 | | 0115 70 00 10 1 51 | ONICE OF THE NICE OF | | | | | |
| IFICATION | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO. 198 DATE OF OPERATION | DUE TO, OR AS A CO | IGRENE DE CONTRACTOR DE CONTRA | | INAL DISEASE OR CONE | 20b. IF YES, IN CERTIFY | , WERE FINDI | NGS USED 5 OF DEATH? |
| CERTIFICAT | gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT OF THE SIGNIFI | DUE TO ANTER (c) ARTER CONDITIONS CONTRIBUT 196 CONDITION FOR 196 HOUR A.M. MOT P.M. | R WHICH OPERATION OF THE PROPERTY OF THE PROPE | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR | 200 AUTOPSY? YES | 20b. IF YES, IN CERTIFY YES | , WERE FINDI | NGS USED |
| MEDICAL CERTIFICATION | gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT OF THE SIGNIFI | DUE TO ANTER (c) ARTER CONDITIONS CONTRIBUT 196 CONDITION FOR 118 TIME OF INJURY HOUR A.M. MOR | THE NEED BUT ING TO DEATH BUT ING TO DEATH BUT ING TO DEATH BUT ING THE PROPERTY IN THE PROPER | NOT RELATED TO THE TERM N WAS PERFORMED | 200 AUTOPSY? YES | 20b. IF YES, IN CERTIFY YES | , WERE FINDI | NGS USED 5 OF DEATH? |
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| CERTIFICAT | gove rise to immediate couse (a), stating the underlying couse last part 2 OTHER SIGNIFICANT OF THE SIGNIFIC | DUE TO ANTER (c) ARTER CONDITIONS CONTRIBUT 19b CONDITION FOR 11b TIME OF INJURY HOUR A.M. MOT P.M. 21e PLACE OF INJUR (AT HOME. STREET, FACTOR 10) ottended the deceose 10/21 1) view the body after decomposition of the condition of the c | THE DAY YEAR 19 TY PRI. OFFICE, FARM ETC.) pd from 9/4 th. | NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURR 211. LOCATION STREET 27 19 d that in (my) (our) opinion of DEGREE ATTENDING | 280 AUTOPSY? YES XX RED (ENTER NATURE OF INJUR CITY OR TO 10/21 death occurred on the do | 20b. IF YES, IN CERTIFY YES Y IN ITEM 18 PA | WERE FINDING CAUSES COUNTY STATE OF PART 2) COUNTY OND I TOM THE | NGS USED OF DEATH? NO STATE That (I) (we) lost causes stated SIGNED |

Mitchell-Wiedefeld Home 6500 York Road 21212



(VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical execu-

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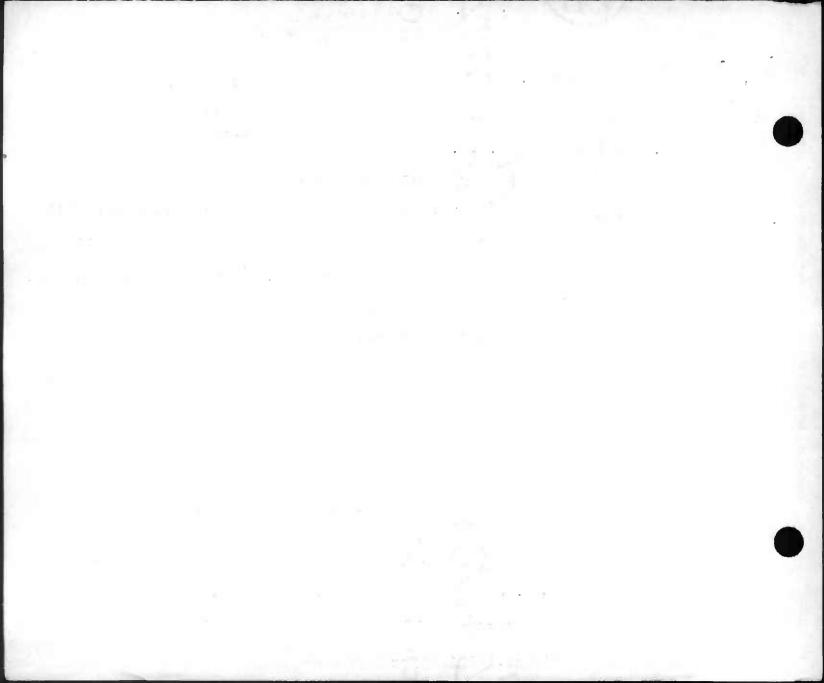
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| IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician. |
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ter death. Page 4 may be

| | REGISTRA | | MIDDLE | | ICATE OF DEATH | REG. NO. | DAY YEAR 76 HI |
|------|-----------------------------------|-----------------------|------------------------------|----------------------------------|--------------------------|--|---|
| | I. DECEASED NA (TYPE OR PRINT) | | | 0.00 | A51 | 20 DATE OF DEATH MONTH | DAY YEAR 26 H |
| - I- | | JdC | k L. Powell | Labore | DE BIRTI | October 9 | 1984 O. |
| 3 | 3. SEX | | 4 RACE | 5. DATE (| | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOUR |
| _ | ma | | black | 5 | 6 31 | 5.3 YF | |
| 11 | 7 BIRTHPLACE COUNTRY) | (STATE OR FOREIGN | 76 CITIZEN OF WHAT CO | UNTRY? 8. MARRIE | DXX NEVER MARRIED | 9 BALTIMORE CITY OR COU | 0. |
| 1 | | rolina | U.S.A. | WIDOW | | | |
| 2 | IN CITY OR TOW | N OF DEATH | (IF NOT IN SUCH FACILITY, G | | OR OTHER INSTITUTION | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) | 12b. KIND OF BUS NG LIFE) INDUSTRY |
| | Perry | | PERRY POI | NT VETER | RAN HOSPITAL | <u> </u> | |
| 32 | 130. STATE | CE (IF NURSING HOME O | JNTY 13c CITY | ICE BEFORE ADMISSION) OR TOWN | 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP C | |
| 2 | Mary1 | | Bal | timore | YES X NO | 1528 Lochwo | ood Road 2 |
| 1 | FIRST | | WIDDIE | IAST | 15 MOTHER'S MAIDEN NA | WE | (AST |
| 14 | | - | _ | | Rosena | 4000000 | Powell |
| 17 | 160 WAS DECEA | SED EVER IN U.S. A | | AL SECURITY NO. | 17. INFORMANT | ADDRESS | |
| 1 | YES | | 241 | 38 0044 | Mildred P | . Powell 152 | 8- Lochwood APPROXIMATE IN BETWEEN ONSET A |
| | | THER SIGNIFICANT | CONDITIONS CONTRIBUTE | NG TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART 110 |
| A | 19a DATE C | OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | | F YES, WERE FINDINGS U |
| 71 | Ĭ. | | | | | YES NO | YES NO |
| | 21a. ACCIDE | NT WAS UNDERLYING | 216. TIME OF INJURY | ITH DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEA | A 18 PART I OR PART 2) |
| 71 | OR CONTRIB | IUTING CAUSE OF D | CAIR | 19 | | | |
| | <u>m</u> | YOCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION STREET | CITY OR TOWN | COUNTY |
| | MHILE AT WORK | NOT WHILE | | | | | |
| - 1 | | , | pitol) attended the deceased | 0.4 | 6-2/- 19 <u>84</u> | 1018_9 | , 19 <u>84</u> , thatXI |
| | | | on 10-9- | 19 <u>_84</u> , o | | death accurred on the date and | |
| | | ATLIDE | -1 | 01 | DEGREE ATTENDING | MEDICAL STAFF | 22c DATE SIGNI |
| | 22b. SIGNA | ATUKE (| | | | MEDICAL STAFF | |
| | 22b. SIGNA | 11 | unda | lun | PHYSICIAN [| DIRECTOR PHYSICIAN [2 | 10-9-8 |
| 1 | 22b. SIGNA | CIAN'S NAME (TYPE | | () | 22e ADDRESS | | , 1 = 0 5 0 |
| | 226. SIGNA 226. PHYSI | 11 | ., M.D. | 1 | 22e ADDRESS | y Point, Maryla | , 1 = 0 5 0 |

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral directal should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages I and 2 should be filed within 72 hours all with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR STATE REGISTRAR

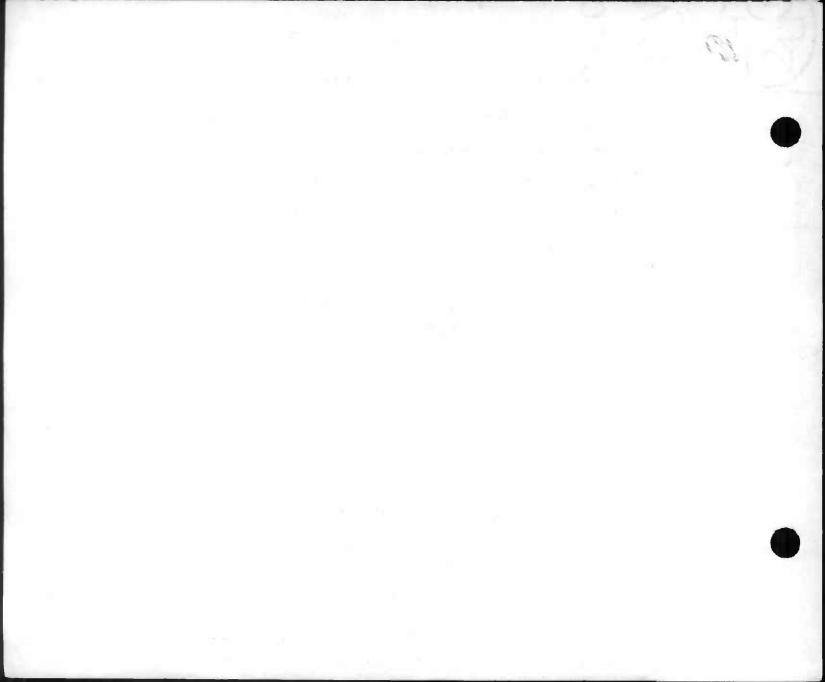
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| D | 1 - | REGISTRAR | | | | CERTIF | ICATE OF DEAT | H | REG | . NO. | | |
|-------------------|----------------|-----------------|---|--|--|--------------------|----------------------|-----------|----------------------|--------------------|---|-----------------------------------|
| K | | CEASED NAME | FIRST | | NIDDLE | Ü | AST | | 20 DATE OF DEATH | 1 40 | DAY YEAR | 26 HOUR |
| \mathbb{P} | | | MARI | É | Α. | | DWELL | | | 10 | 3 84 | 1 -AM |
| V | 3. SE) | (_} | | 4. RACE | | 5. DATE C | | re ar | 6 AGE (IN YEARS LAS | BIRTHDAY) | MONTHS DAYS | HOURS MIN |
| -0.1 | | + | | BLAC | | 8 | -8-0 | 18 | 80 | O YRS | | |
| 27/ | | RTHPLACE (STATE | | 16. CITIZEN OF V | VHAT COUNTRY | ? 8 MARRIE | D NEVER MARR | IED 🗆 | 9 BALTIMORE CIT | OR COUNT | Y OF DEATH | |
| 10 | BAI | LTO. CO | D., MD | | USA | WIDOWE | | | DALTIMO | RE CO | , | MD |
| Elle | | TY OR TOWN O | DEATH | | IOSPITAL, NURSI | | OR OTHER INSTITUTI | ION | 12a USUAL OCCUP | | | OF BUSINESS OR |
| 9/ | | | .0. | LNGU | ENCOL | NURS | ING Hon | NE | | | | |
| must be | USU A 13a S | TATE MD. | 13b COUN | TY | GIVE RESIDENCE BEFO 13c. CHY OR TOV | WN C | 136. INSIDE CITY LI | | 136. STREET ADDRES | ss / zip cod | DE 21 | 152 |
| Elli | | THER'S NAME | | мерие | last | | 15. MOTHER'S MAI | IDEN NA/ | ME MIDDLE | | LAS | 1 |
| Š | (| GEORGE | | | ARR | IS | LIZZIE | | | | | |
| medical | | VAS DECEASED I | | MED FORCES? E WAR OR DATES) | 219-36 | URITY NO. -0877 | ELIZABE | ETH | HALL 173 | DRESSYION 40 TR | KTON ROYER R | MD. |
| ÷ e | | 18. CAUSE OF E | EATH (Enter onl | y one couse per | line for (0), (b), 0 | nd (cs.) | | | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| vent | | PART I. DEA | TH WAS CAUSED | DBY: ECAUSE(0) | COM | estru | e FAIL | ne | | | | |
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| E 0 | | Conditions, if | | (b)_ | 28,2 | 15 | | | | | | |
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| to the | | underlying o | ause last | (c) | | | | | | | | |
| njury, a | NO | PART 2 OTHER | SIGNIFICANTC | onditions <u>co</u> | INTRIBUTING TO | DEATH BUT | NOT RELATED TO T | HE TERM | INAL DISEASE OR C | ONDITION GI | IVEN IN PART TO | o |
| 17 | CERTIFICATION | 19a DATE OF OF | PERATION | 196 CONDIT | TION FOR WHIC | H OPERATIO | n was performed | D | 200 AUTOPSY? | IN CERT | ES, WERE FINDIN IFYING CAUSES YES [| |
| 177 | CER | | AS UNDERLYING | 21b. TIME OF | | NAME OF A P | 21c HOW INJURY | OCCUR | RED (ENTER NATURE OF | NJURY IN ITEM 18 | PART OR PART 2) | |
| 10 | | | CAUSE OF DEA | In . | m. month [| JAY YEAR | | | | | | |
| ar th | MEDICAL | 21d INJURY OC | | 21e PLACE C | OF INJURY | | 211 LOCATION | | (11) (| RIOWN | COUNTY | STATE |
| markedar | × | | OT WHILE AT WORK | (AT HOME STRE | EET, FACTORY OFFICE | FARM ETC) | 1 SIRCET | | Cirio | 2/ | 65. | 31412 |
| E | | | at (1) (this hospit | ral) rattered with | Agreement from | 0 | 1 1 87 19 | 84 | to | 6/3 | 19 07 | that (It (we) last |
| 21 is | | sow the de | eceased alive on, we) (did) (did not | 73// | 19_10 | . 01 | nd that in (my (our) | opinion i | death occurred on th | e date and ho | our and from the | couses stated |
| E | | 22b. SIGNATUR | | view the body | otter death. | | DEGREE | | , | | 22c DATE | SIGNED |
| MPORTANT: If them | | | 00 /11 | Muy 6 | 1_ | 1/1 | | DING CIAN | | STAFF | 10 | 13/M |
| RTANI | | 224 PHYSICIAN | S NAME (THE O | The state of the s | - 4 | <i>U</i> | 22e. ADDRESS | CIAI L | 3 0 | 0.0 | 1= | 000 |
| 3 | | 1 | 11/100 | 11/2 | MARI | COAN. | 90 | 2516 | 3 ANY RA | 7 PIL | e -C. | 1010 |
| 3 3 | 23a. B | BURIAL, CREMAT | ON, REMOVAL | 123b. DATE | 23c. | NAME OF C | EMETERY OR CREM | ATORY | 23d. LOCATION | | | 21011 |
| | | BUR I | | 40.4- | | | | _ | CITY OR TOWN | C- | YINUOS | STATE |
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DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.



requires that the death certificate be executed within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN, The low etained by the hospital ar attending physician.

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AS HYGIENE

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| | 1 - | REGISTRAR | XC 139 | 86 405 | | CERTIF | ICATE 0 | F DEATH | | REG. NO. | | | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL FIGIENE CERTIFICATE OF DEATH

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Funeral Home Inc. Baltimore, Maryland 21216

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban poperts with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

DHMH - 16 50M 4/83

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Nutter & Sons 2501 Grynns Palls Park my Funeral Home Inc. Baltimore. Maryl rd 21215

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TO FUNERAL DIRECTOR, Air should be detached for use as with the State Dept. of Mealth MPORTANT, if herri 21 is most

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL BY GIEN STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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| 4 | | RTHPLACE STATE OR FOREIGN 7 | LOUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | , |
| 2 | Vi | RGINIA | U. S.A. | WIDOWE | | BAITIM | OPEC | 04 | NT1/ MD. |
| 1 | Z | DWSON / | 1. NAME OF HOSPITAL, NURSING IN NOT IN SUCH FACILITY, GIVE STREET | | HOSPITAL | 126 USUAL OCCUPATION OF WORK FOR MOST OF | F WORKING LIFE) | 126 KIND OI INDUSTRY | F BUSINESS OR |
| d | I Ju. S | AL RESIDENCE (IF NURSING HOME OR O | | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | | 21239 |
| 2 | ME | ARYLAND V | 0 - | iRY | YES NO | | RWOOD | AVS | |
| u | A. FA | THER'S NAME | IDDLE LAST | | 15 MOTHER'S MAIDEN NA | AME | _ | 1451 | |
| | K | Enny | Cook | | CLARA | Middle | 6 | ROPS | T |
| 5 | | VAS DECEASED EVER IN U.S. ARM | ED FORCES? 166. SOCIAL SECT | JRITY NO. | 17 INFORMANT | ADDRE | SS | | |
| 4 | | NO I I I I I I I I I I I I I I I I I I I | 214189 | 923 | 1 FAMILY | RECORDS | | | |
| 1 | | 18 CAUSE OF DEATH (Enter only | one cause per line lar (a), (b), ar | nd (cl.) | | | | BETWEEN | MATE INTERVAL |
| - | | PART I. DEATH WAS CAUSED IMMEDIATE | | melele | ter Kraca | _ | | 3. | Mas |
| 1 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DUE TO, OR AS A CONSEQU | ENCE OF | | | | | |
| - | | Conditions, if any, which | (b) | ETTEL OF | | | | | |
| - | | gave rise to immediate | DUE TO, OR AS A CONSEQU | IENCE OF | | | | | |
| 1 | | underlying cause last | (c) | EIACE OF | | | | | |
| | | PART 2. OTHER SIGNIFICANT CO | | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN | IN PART TIC | |
| | S S | Probeti , | delliter, a | Enterno | lute un | + Zean | | | |
| 7 | CERTIFICATION | IN DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W | | |
| 7 | # | | | | | YES NO | YES [| | NO [|
| 7 | CER | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | AV VEAD | 21¢ HOW INJURY OCCUI | RRED (ENTER NATURE OF INJUI | RY IN ITEM 18 PART | I OR PART 2) | |
| 4 | A. | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH D | AT TEAK | | | | | |
| П | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | CITY OR TO | narh) | COUNTY | STATE |
| П | Σ | SHOW D HOLWHULD | (AT HOME, STREET, FACTORY OFFICE | FARM ETC) | SINCET | CITYORTO | 1474 | (00.471 | STATE |
| - | | 22a I certify that (I) (this haspita | | Lea | 19 | 1. to Oct | . 19. | 84 | that (I) (we) last |
| | | saw the deceased alive an abave, (1) (we) (did) (did nat) | view the body after death | 87 . or | nd that in (my) (our) apinior | death occurred on the do | ate and hour ar | | |
| | | 72h. SIGNATURE | view inc body drief dcom. | | DEGREE | | | 22c. DATE | SIGNED, |
| | | ant | Sagar | | | MEDICAL STAI | | 10/ | 18/14 |
| | | 27d. PHYSICIAN'S NAME (TYPE OR | PRINT) | | 22e ADDRESS | | | | |
| | | Al Mar A | Ser orch M | | Sunt Ju | | 700 | ~ 1,_ | 40 2170y |
| | | URIAL, CREMATION, REMOVAL | 23b. DATE 23c. | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | 10 | OHNIY | STATE |
| | B | URIAL | 10 22 1984 (| AROS | ins FAITH | KOSEDA | | LTO- P | PARYLAND |
| | 24 FU | INERAL DIRECTOR | | 95 | | TE REC'D. BY REGISTRAR | 25b REGISTRA | R'S SIGNATI | URE |
| | 5 | MANS (HODS) | COEMS MODRESS | all 22 | OF BOY DOT | O A 400 A | 2. Nousda | in- Gira | 5.012 |



TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician.

director page 3

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA HYGIENE CERTIFICATE OF DEATH

2 6 5 5

| 22.5 | REGISTRAR | | CERTIFICATE OF D | . Atti | REG. NO ' | | | | |
|---------------|--|---|---|--|-------------------------------|---------------------|--|--|--|
| | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DI | EATH MONTH DAY Y | EAR 26 HOUR | | | |
| ,,,,,, | WILL | IAM G | RAGA | N | 10 20 8 | 34 3:25PM | | | |
| 3. SE | X | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEAR | RS LAST BIRTHDAY) IF UNDER I | | | | |
| M | M | W | MONTH DAY | 43 | 7 | DAYS HOURS MIN. | | | |
| 7a 81 | RTHPLACE STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TDV2 8 | O BALTIMORE | CITY OR COUNTY OF DEA | TH | | | |
| 1 | 207 | 115 | MARRIED NEVER M | ARRIED | T co. | | | | |
| 0. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL NI | JRSING HOME OR OTHER INST | TUTION 12a USUAL OC | | IND OF BUSINESS OR | | | |
| 01 | ALLAIC LONEL CHIL | (IF NOT IN SUCH FACILITY, GIVE S | STREET ADDRESS) | (TYPE OF WORK FO | OR MOST OF WORKING LIFE) INDU | | | | |
| USU | AL RESIDENCE (IF NURSING HOME O | ROSE VUE | | = NEVE | R NORK | 11-9 | | | |
| | STATE 136 COU | | | TY LIMITS? 130 STREET AD | DRESS ON | /// | | | |
| 1 | 7.14 | LTO OWING | 3 / //~~ | NO KOSE | WOOD CE | NIER | | | |
| 4 FA | ATHER'S NAME | MIDDLE LAST | 15. MOTHER'S | MAIDEN NAME | WIDDLE Y | LAST | | | |
| 1 | PARSH ALL | RAG | AN DOR | 15 B1 | RITTOMRA | 76AN1 | | | |
| | | RMED FORCES? 166 SOCIAL | SECURITY NO. 17 INFORMAL | T . | ADDRESS 201 5 | | | | |
| | no | 220- | 88-9302 MARS | SHAZN RAGE | IN MADE | IRA 51. | | | |
| | 18 CAUSE OF DEATH (Enter of | nly ane cause per line far (a), (b | or, and (c.) | | BET | PPROXIMATE INTERVAL | | | |
| | PART I. DEATH WAS CAUSE | TE CAUSE (D) CARDI | OPULMONAF | LY ARRES | 57. | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DUE TO, OR AS A CONS | FOLIENCE OF | 1, | | | | | |
| | Canditions, if any, which | 277 | Diratory de | stress | 1 7 245 | | | | |
| | gave rise to immediate | | | | | | | | |
| | underlying cause last. | cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED | TO THE TERMINAL DISEASE O | OR CONDITION CIVEN IN DA | PT 1:- | | | |
| Z | Mental retar | dotin, second | an to post not | of hypoxia, spe | alticity, mate | - dylfunctin | | | |
| ATH | 190 DATE OF OPERATION | | HICH OPERATION WAS PERFOR | TOUT DEST - 17 | EN CHILD STORY | INDINGSTISED | | | |
| FIC | | | | | IN CERTIFYING CA | SUSES OF DEATH? | | | |
| CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW IN | URY OCCURRED (ENTER NATUR | YES YES | NO D | | | |
| | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | The second of th | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.M. 21e. PLACE OF INJURY | 19 21f ŁOCATIO | N | | | | | |
| ME | WHILE NOT WHILE | (AT HOME STREET FACTORY, OF | | | COUN COUN | NTY STATE | | | |
| | AT WORK AT WORK | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | = | 1 | 0/20/ 84 | | | | |
| | 220.1 certify that (1) (this hasp saw the deceased alive ar | 1 (- 1 | 0-11 | aur) apinion death occurred o | on the date and have and for | that (I) (we) lost | | | |
| | obove, (I) (we) (did) (did no 22b. SIGNATURE | ot) view the body after death. | DEGREE | our, opinion dearn occurred o | | | | | |
| - 1 | THE SIGNATURE | danda istr | | TENDING MEDICAL | STAFE . | DATE SIGNED & C+ | | | |
| | 22d. PHYSICIAN'S NAME STYPE (| OCTAGE 10 -1 | | HYSICIAN 🗌 DIRECTOR 📗 | PHYSICIAN | 0/26/67 | | | |
| | 3 .50 6 | ORPRINT) | 27e ADDRESS | | 5 A. 7/2 D | | | | |
| | MOHIN PO 2 | ARATSIOT | ROS | EMOOD C | ENTER | | | | |
| | SPECIFY) | 23b DATE | 230 NAME OF CEMETERY OR C | REMATORY 23d LOCATION | | STATE | | | |
| 0 | REMATION | 10-23-84 | WESTVIEW | A A . | 70- | ma. | | | |
| 24 FL | JNERAL DIRECTOR | ADDR | 4015 | 250 DATE REC D. BY REG | ISTRAR 256 REGISTRAR'S SIG | GNATURE | | | |
| Jo | DHN MWE | EBER & SONS | CHESTER | 2 OCT 2 2 19 | 84 Julia Davidson | n-Aandelle | | | |
| _ | | | | | | | | | |

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then pleass remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

injury, or other troumatic event,

18 shov

MPORTANT: If them 21 is marked or them

WILLIAM DATE OF THE STATE OF TH As a series w THE WALL STEELS OF THE PROPERTY OF THE LAW OF THE PARTY O TRANSPOLUTIONAM A REEST Lead of the prediction of the seal Production of the comment of the com 12/22 10/22/2 /08 10/22/2 The state of the state of the state of LITOPETERS LEGISTERS CONTRACT THE WEDITERSON SHEDEN

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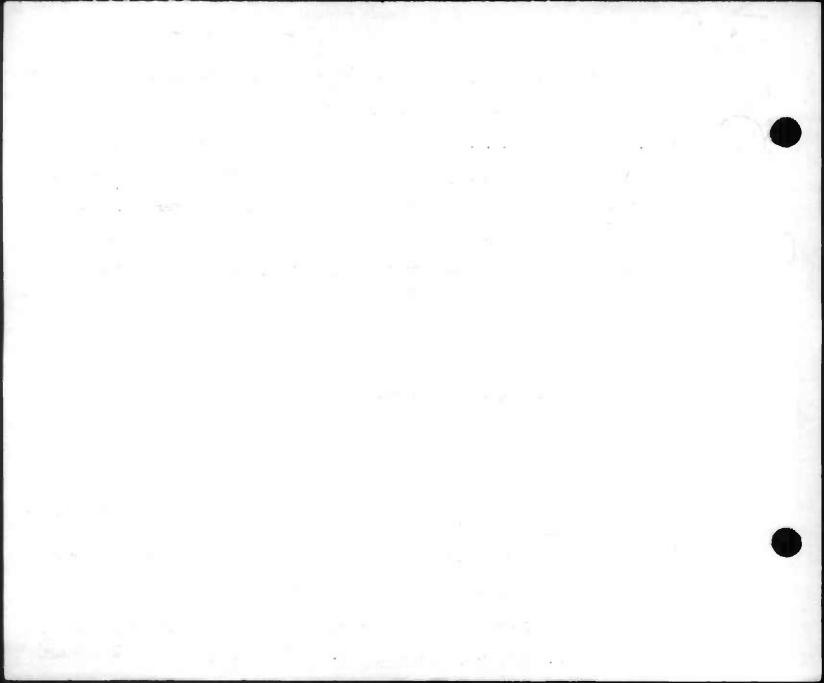
| | | TE OF I | | | AL. |
|---------|---------|---------|------|------|----------|
| DEPARTA | MENT OF | HEALT | HAND | MENT | ACHYGIEN |
| | | IFICAT | | | |

6

| 1 | 11. | - STATE REGISTRAR | | | | CERTIF | ICATE OF DEAT | | REG. | NO. | | |
|---|---------------|---|--|--|--|-----------------------|---------------------------|---------|---|-----------------------------------|------------------------------|-------------------------|
| \wedge | I. DE | CEASED NAME (|) FIRST OBEI | | J. | RA | INEU | | OCTORE | MONTH DAY | 984 5 | 155A |
| | 3. SE | | | 4 RACE White | | - | 13, 1917 | EAD | 6 AGE (IN YEARS LAST | BIRTHDAY) IF UN | | URS MIN. |
| 1/2 | | IRTHPLACE (STATE OR F | OREIGN | 76. CITIZEN OF V | WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRI | | BALTIM | OR COUNTY OF | DEATH | / MD. |
| 18 | 10 C | TOWSON | тн | | HOSPITAL, NURSIN HEADILITY, GIVE STREET I | ADDRESS) | OSPITTAL | ION | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS Carrier- | TOF WORKING LIFE) IN | | |
| and one of | 13a. | AL RESIDENCE IF NURS STATE Maryland | ng home or 13b COUN Balti | ITY | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Parkvil | ADMISSION) N 1e | 13d INSIDE CITY LIV | 20 | 13e STREET ADDRES. 8115 Gler | S / ZIP CODE D Gar y Rd | . 2123 | 34 |
| Se Constant | | John | | | iney | | 15. MOTHER'S MAI Cathe | | MIDDLE | | nknown | 55. |
| s. Poges | | WAS DECEASED EVER YES, NO OR UNKNOWN) Yes | (IF YES, GIV | WAR OR DATES) | 206-01-5 | 5185 | Mrs. Jul | lia J | . Rainey | Same as . | | |
| emovol. | | 18 CAUSE OF DEATH PART I. DEATH W | I (Enter on AS CAUSE) | ly one cause per D BY: E CAUSE (0) | line for (a), (b), ap | Tent | The Mys Co | erdes | lenfare | Yen - | APPROXIMATE BETWEEN ONSET | INTERVAL I AND DEATH |
| please remove corb urial, cremation, or , or other traumatic | | Conditions, if ony, gove rise to imm couse (o), staffin underlying couse | nediate g the last. | DUE TO, OF | r as a conseque | NCE OF | 75CVD / | | ronary a | ANDITION GIVEN II | N PAPI NO | |
| is permit. Then tene prior to but to | CERTIFICATION | 19a DATE OF OPERAT | ~ | Trakex | es Mel | exam | N WAS PERFORMED | | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES | RE FINDINGS CAUSES OF D | |
| Mental Hygor Item 18 sh | MEDICAL CER | 216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF COURT | AUSE OF DEA | P.i | M. MONTH DA M. OFINJURY | 19 | 21f LOCATION | OCCURRE | ED (ENTER NATURE OF IN | | OR PART 2) | |
| see os the | W | WHILE NOT WHAT WORK 22a I certify that 19 | _ | tal) attended the | | 10 | STREET . 19 | 84 | , to | /20 . 19_ | E/ | STATE (# (we) last |
| detoched for ote Dept. of H IT: If Item 21 i | | | Les l | a. The | () | | DEGREE ATTEN | IDING | MEDICAL ST | AFF | 22c DATE SIGN | |
| should be de with the Stor | L | 22d. PHYSICIAN ON A | RA | . WAL | 1 | 10 | / | lork | Rd 7 | Towson 1 | nd 2 | 1204 |
| w > <u>*</u> | | BURIAL, CREMATION, (SPECIFY) Burial | REMOVAL | 23b. DATE 10-23- | | | emetery or crem. | | 23d. LOCATION CITY OR TOWN | Baltimore | Maru | STATE |
| 50M 4/83 5, 4) | 24 F | UNERAL DIRECTOR NAME Leonar | d J. | Ruck, I | nc. Bali | timor | Ma | OC DATE | REC'D. BY REGISTRA 7 2 4 1984 | 10. 8 | SSIGNATURE | desc. |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH

26558

| 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASSACHUSETTS USA WARRIED WIDOWE 10. CITY OR TOWN OF DEATH BALTIMORE OF HOSPITAL, NURSING HOME OF HOSPITAL | OCTOBER 3,1984 7/30 am F BIRTH DAY YEAR OL. 12,1901 83 YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY BALTIMORE COUNTY BALTIMORE COUNTY BALTIMORE COUNTY BALTIMORE COUNTY MD ROTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) TYPE OF WORK FOR MOST OF WORKING LIFE) 13d INSIDE CITY LIMITS? YES NO X 121212 |
|--|--|
| 3. SEX Male White Ser 70. BIRTHPLACE (STAIR OR FOREIGN COUNTRY) Massachusetts 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STATE Maryland Baltimore S. DATE OF MONTH Ser 14. RACE White S. DATE OF MONTH MARRIED WOOWER 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. SEX MARRIED WIDOUR PROTECTION 13. CITY OR TOWN Baltimore 14. FATHER'S NAME FIRST MIDDLE LAST | F BIRTH DAY YEAR 12,1901 83 YRS. F UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. PROTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) EXECUTIVE 13d. INSIDE CITY LIMITS? YES \(\) NO \(\) 13e STREET ADDRESS / ZIP CODE 410 Chumleigh Rd; 21212 |
| Male White Monith Sep Ta. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts USA 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEHORE ADMISSION) Maryland Maryland Monith Sep MARRIED WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF OR OTHER INSTITUTION, GIVE RESIDENCE BEHORE ADMISSION) 13a. STATE 13b. COUNTY Maryland Maryland Monith Sep MARRIED WIDOWE 11. NAME PRESIDENCE BEHORE ADMISSION) 13c. CITY OR TOWN Baltimore Maryland Monith Sep MARRIED WIDOWE 11. NAME PRESIDENCE 13. CITY OR TOWN Baltimore Maryland Monith Sep MARRIED WIDOWE 11. NAME PRESIDENCE 13. CITY OR TOWN Baltimore Maryland Monith Sep MARRIED WIDOWE MARRIED WIDOWE MARRIED WIDOWE WIDOW | Baltimore County Baltimore County Baltimore County MD ROTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Executive 136. INSIDE CITY LIMITS? YES NO K 12. 130 STREET ADDRESS / ZIP CODE 410 Chumleigh Rd; 21212 |
| Male White Sep 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts USA 10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION. GIVE STREET, ADDRESS) 130. STATE Maryland 134. CITY OR TOWN Baltimore 135. CITY OR TOWN 136. CITY OR TOWN Baltimore 137. CITY OR TOWN 138. CITY OR TOWN Baltimore 14. FATHER'S NAME FIRST MIDDLE 14. FATHER'S NAME FIRST MIDDLE 15. CITY OR TOWN Baltimore | Baltimore County DI DIVORCED Baltimore County ROTHER INSTITUTION 170. USUAL OCCUPATION INDUSTRY Executive 13d. INSIDE CITY LIMITS? YES NO S 13e STREET ADDRESS / ZIP CODE 410 Chumleigh Rd; 21212 |
| CQUAIRY) Massachusetts USA MARRIED WIDOWEI 10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME OF DIFFERENTIAL OF STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1130. STATE MATYLAND 114. FATHER'S NAME FREST MIDDLE MARRIED MIDDLE MIDLLE MID | Baltimore County DIVORCED Baltimore County ROTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Tad. INSIDE CITY LIMITS? YES NO K |
| Massachusetts USA WIDOWEI 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland 14. FATHER'S NAME FIRST MIDDLE WIDOWEI 11. NAME OF HOSPITAL, NURSING HOME OF OR INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Baltimore 14. FATHER'S NAME FIRST MIDDLE 15. NAME FIRST MIDDLE 16. LAST | Baltimore County MD ROTHER INSTITUTION 120 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Executive Retail Sales 13d INSIDE CITY LIMITS? YES NO K 410 Chumleigh Rd; 21212 |
| Baltimore State State Baltimore B | . CITYE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retail Sales 13d. INSIDE CITY LIMITS? YES \(\) NO \(\) 13e STREET ADDRESS / ZIP CODE 410 Chumleigh Rd \(\) 21212 |
| Maryland 13b COUNTY 13c CITY OR TOWN Baltimore 14 FATHER'S NAME FIRST MIDDLE LAST | YES NO K 410 Chumleigh Rd; 21212 |
| FIRST MIDDLE LAST | |
| Thomas Ray | 15. MOTHER'S MAIDEN NAME FIRST Delia Crane |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. | 17 INFORMANT ADDRESS |
| Yes NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) VWW II 005-07-7416 | Mrs. Vera L. Ray Same |
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONDITION FOR WHICH OPERATION 190 DATE OF OPERATION 191 CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING 7115. TIME OF INJURY | NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) N WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY | YES NO YES NO TELEVISION NO TE |
| HOUR A.M. MONIH DAY TEAK | TILLION INTOKT OCCURRED (ENTERNATURE OF INJUNE INTURE IS FOR TOWN FOR E) |
| 21d. INJURY OCCURRED 21e. PLACE OF INJURY LAT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) | 211. LOCATION STREET CITY OR TOWN COUNTY STATE |
| WHILE NOT WHILE AT WORK | |
| sow the deceased oliver on the body after death. | d that in my (our) opinion death occurred on the date and hour and from the causes stated |
| 22h SIGNATÜRE | DEGREE ATTENDING MEDICAL STAFF |
| 774 PHYSICIAN'S NAME (TYPE OR PRINT) | PHYSICIAN DIRECTOR PHYSICIAN 10/3/84 |
| Bruce Rosenberg, M.D. | 1134 York Rd. Latherville, Md. 21093 |
| 230. BURIAL CREMATION, REMOVAL 236, DATE 23c, NAME OF CE | METERY OR CREMATORY 23d. LOCATION |
| Burial Oct. 5,1984 Arlingt | on National Arlington, Arlington, Va. |
| 74 FUNERAL DIRECTOR 6500 Mitchell-Wiedefeld Home, Inc. Balto., 1 | York Rd 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNCEAL DIRECTOR. After the certificate has been upond by the ottending physician and completely filled in by the funeral director has been appeared for use as the burnal teams. Then please remove carbon papears. Pages 1 and 2 should be filled within 72 hours of with the State Deat of Health and Mantal Hygeres prior to buriol, cremotion, or removal.

mury or other froumotic event, the medical experience

MPORTANT, if hem 21 is marked or hem 18 shaws only

associate is l'el alti ne lui o c S. Single In The Control of the Cont

| 1 | FOR STATE REGIS | | | DEPARTMENT OF HEAL'S | | OF DEATH REG NO | 5 7 |
|---|------------------------|--|--|--|--|---|--|
| S. T. | DECEASE TYPE OR PRI | 4T) | Henry | | Rayner, Jr | OF ESTI- AAD | ONTH DAY YEAR 76 HOUR 10/22/84 N |
| ON ST | Male | | | 1952 (AS 32 HDAY) MO | NTHS DAYS HOURS | MIN. PRONOUNCED DEAD 1 | 0/22/849 PM |
| 50 | FOREIGN C | ACE (STATE OR OUNTRY) Ltimore, | | WIDO | RRIED NEVER MAR | RCED Baltimore Co | ounty MD |
| 70 | Du | ICICI III | 1222 7400 HC | SPITAL, NURSING HOME, OR O ACILITY, GIVE STREET ADDRESS) DIADITO AVE. | THER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF W | Fire Dept. |
| 2 130 | Mar | yland 13b. | Baltimore | 13DGHQ81KWN | 13d. INSIDE CITY LIMITS? YES NO | gk 7825 St. Claire | E Lane 21222 |
| 30 | I. FATHER' | Henry | | mer, Sr. | | inia MIDDLE Peytor | LAST |
| 1 16 | YES NO. | PRUNKNOWN) (IFY | 1.S. ARMED FORCES? | 212 58 6200 | Diana M. | Rayner, Wife S | Same |
| AND TO BOX IN THE WATER OF THE WOOD AND THE | PART | conditions, if ony, pove rise to immouse (a) stating the ying couse lost. | which lediate under: (b) DUE TO, OF | R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DIST | EASE OR CONDITION GIVEN IN | PART 1 (d). | |
| 7 | 190 [| ATE OF OPERATIO | N 196 COND | ITION FOR WHICH OPERATION | WAS PERFORMED? | | 20 AUTOPSY? YES X NO |
| | UNDI CON 21d. II | XTERNAL CAUSE WERLYING TO CAUSE TO CAUS | SE OF DEATH 1:30 A | M. MONTH DAY YEAR M. 10/22/ 19 84 OF INJURY (ATHOME, 21f.) | Subject in | RED LENTER NATURE OF INJURY IN ITEM 18 PART I Fire (fireman) CITY OR TOWN | COUNTY STATE |
| 3 | deo ACTU SIGN | a I certify that I too th resulted from: | chorge of the remains de la charge of the remains de la ch | 17. | 400 Holabir opsy X Inspect Homicide TITLE (SPECIFY) M.D. ASSISTAT | on . Inquiry . ond in a function . Undetermined monner . | Balto.Co., Md. my opinion DATE SIGNED 10/23/84 |
| | BURIAL, | CREMATION, REMO | | Dulaney Val | or CREMATORY ley Memoria | 23d. LOCATION | - 0.000 |
| 17 | mazd | DIRECTOR Fu | nersa lome i | A 1407 Old East | tern Ave | LEG. WILLOW, BY KEGISIKA | AK 2 SIGNATURE " |

Seed of the first

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

retained by the hospital or attending physicion

BP.

STATE OF MARYLAND FOR - STATE

Mitchell-Wiedefeld Home 6500 York Road 21212

DEPARTMENT OF HEALTH AND MENTA HYGIENE CERTIFICATE OF DEATH

| 100 | 1 | 14 | 20.0 | 0 |
|------|---|----|------|---|
| La . | 0 | 3 | 2 | 8 |
| | | | | |

| | DECEASED NAME | FIRST | MIDDLE | | LAST | 2e DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
|-----------------------------------|-------------------------------------|---|--|-----------------------------------|--|--|------------------------------|--------------------------------|
| £14 | YPE OR PRINT) | LILLIE | M. | R | EA | October 4, | 1984 | 1:35A |
| 3. S | SEX | 4. | RACE | 5. D/ | ATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HR |
| | Female | 1.000 | White | | May 12 1887 | 97 | MONTHS DATS | HOURS MIN |
| 70. | BIRTHPLACE (STATE COUNTRY) Maryland | | U.S.A. | MA | RRIED NEVER MARRIED OWED X DIVORCED | 9 BALTIMORE CITY OR COU | NTY OF DEATH | |
| 17 | Cockeysvil | | (IF NOT IN SUCH FACIL | | ME OR OTHER INSTITUTION | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN Homemaker | HG LIFE) 126. KIND C | OF BUSINESS (|
| US | Maryland | URSING HOME OF O | | SIDENCE BEFORE ADMISSION OF TOWN. | | 13e STREET ADDRESS / ZIP C | ODE 210 IomeCocke | 30 ysville |
| 100 | FATHER'S NAME John Georg | e Peter | Martin Bu | ıtz | Dorothea | AME | Nochmi | rth |
| / 160 | (YES, NO OR UNKNOWN) | | WAR OR DATES | 00 OCIAL SECURITY N | | ADDRESS Home Cockeysvil | le,Maryl | and210. |
| | PART I. DEATH | EATH (Enter only H WAS CAUSED IMMEDIATE | | or (0), (b) pnd (c). | iae Arrest | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEA |
| N. | PART 2 OTHER S | immediate ating the juse lost. | (c) | CONSEQUENCE | | MINAL DISEASE OR CONDITION | GIVEN IN PART 1 | 0. |
| 8 shows ony injur | 190 DATE OF OPE | RATION | 196. CONDITION | FOR WHICH OPER | ATION WAS PERFORMED | | YES, WERE FINDING CAUSES YES | |
| d or Item 18 sh | OR CONTRACTOR OF | CAUSE OF DEATH | HOUR A.M. P.M. | JRY MONTH DAY Y | EAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART ?) | |
| - Q | | T WHILE WORK | 21e. PLACE OF IN (AT HOME, STREET, FA | JURY CTORY, OFFICE, FARM, ET | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| ME | AT WORK AT | WORK | | | | | | |
| n 21 is morked | 220.1 certify that | t (1) (this hospito | l) ottended the deci | 19 | The second secon | , to | hour and from the | that (I) (we) |
| If hem 21 is morke | 220.1 certify that saw the dec | t (I) (this hospito eased olive on | ore the body after | 19 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | | that (I) (we) I |
| MPORTANT: If them 21 is morked of | 220.1 certify that | t (I) (this hospito eased olive on | ore the body after | death. | pegree Attended | MEDICAL STAFF | hour and from the | that (I) (we) |

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR

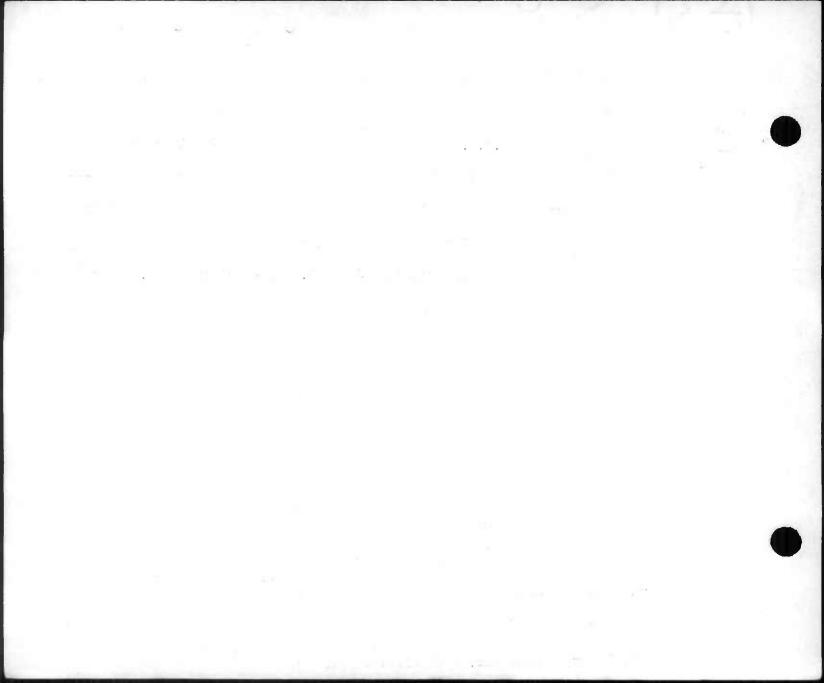
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

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|---|---|------|-----|---|
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| | | | | | | | | | REG. NO. | | | | |
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| | CEASED NAME | FIRST | | WIDDLE | | LAST | | 20 DATE OF | DEATH MON | NTH DAY | YEAR | 2b. HOI | UR |
| { I YPE | OR PRINTS | RHODA | | AMEY | | REDIFE | R | | 10 | 9 | 84 | | Δ |
| | | | | 1111111111 | | | | 1.005 | | | UNDER TYEAR | 4 10 101 | M |
| 3. SE. | Х | | 4 RACE | | | OF BIRTH | VEAD | AGE (IN Y | EARS LAST BIRTHDA | | NTHS DAYS | # UNDE | R 24 HRS |
| | Female | - 1 | Wh | ite | 3 | 21 | °Ô2 | 8 | 2 | YRS. | | | |
| M B | RTHPLACE (STATE O | REOREIGN | h CITIZEN OF | WHAT COUN | TRY? 8 | | | 9 BALTIMO | RE CITY OR C | | FDEATH | | |
| h . | COUNTRY) | A TOREROTA | | | MARE | IED 🖾 NEVE | RMARRIED 🗆 | 1 | | | | | |
| Ma | ryland | | U.S | .A. | WIDO | WED 🗌 | DIVORCED [| 1 | Baltimo | ore C | ounty | | MD. |
| 0. € | ITY OR TOWN OF DE | EATH | | HOSPITAL, NU | | OR OTHER IN | ISTITUTION | | OCCUPATION | | 126 KINDO | F BUSIN | ESS OR |
| / т | ansdowne | J | 2056 | Freeway | TREET ADDRESS) | | | TYPE OF WORK | maker | ORKING LIFE) | INDUSTRY | | |
| _ | | | | | | | | Home | maker | | | | |
| | AL RESIDENCE (# NU STATE | I I COUN | | 13c. CITY OR | | | CITY LIMITS? | 113e STREET A | ADDRESS / ZII | P CODE | | | |
| M | arvland | | erick | Myersy | | YES 🗍 | NO 🔀 | | ument F | | 21773 | | |
| Transaction of the last | THER'S NAME | 12100 | CIICK | 1119 013 | VIIIC | | R'S MAIDEN NA | | uncire i | wau | 21113 | | |
| | EIRST | | AIDDLE | LAST | | | EIRST | | MIDDLE | | LAS | г | |
| | William | | | Turbu | ıtt | | Elizabet | :h | | | Am | ey | |
| | VAS DECEASED EVE | | | 166 SOCIAL | SECURITY NO | | | | ADDRESS | | | | |
| 1 | TES, NO OR UNKNOWN] | (IF YES, GIVE | WAR OR DATES | 11 | 27 - 27 - | Tarre | o T 17-1 | ££ 006 | Damba | C+ | 21227 | | |
| | NO | | | <u>l unava</u> | <u>ilable</u> | Joyc | e L. Wol | 11 000 | кашро | UL. | | | - |
| | 18 CAUSE OF DEA | TH (Enter onl | y one couse per | line for (o), (b | of ond ich | | | | | | BETWEEN C | MATE INTE | D DEATH |
| | PART I. DE ATH | | E CAUSE (o) | | 1. 10 | | | | | | | | |
| | | MMLDIA | | | | | | | | | | | |
| | | | DUE TO, O | R AS A CONS | EQUENCE OF | C 11 | () | | | | | | |
| | Conditions, if on | | (b) | | A | CV | | | | | - | | |
| | gove rise to in | | I DUE TO O | R AS A CONS | EQUENCE OF | | | | | | | | |
| | underlying cous | | 100010,0 | K A3 A CON3 | LOOLINGE OF | | | | | | | | |
| | | | (c) | | | | | | | | | | |
| 7 | PART 2 OTHER SIG | SNIFICANTO | ONDITIONS C | ONTRIBUTING | TO DEATH B | UI NOT RELAT | ED TO THE TERM | INAL DISEASI | E OR CONDITI | ON GIVEN | I IN PART Tro | 1 | |
| ō | | 0 | 0 · V. | 1 | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPER | ATION | 196 COND | ITION FOR WI | HICH OPERAT | ION WAS PER | FORMED | 200 AUTO | | | WERE FINDING CAUSES | | |
| = | | | | | | | | YES [7] | NOID | YES | | NO [| |
| ERT | 21a. ACCIDENT WAS U | NDERLYING T | 21b. TIME C | DE INTITIPY | | 121r HOW | INJURY OCCUR | PED /source | | | | | |
| | OR CONTRIBUTING | | 110110 | M. MONTH | DAY YEA | | 11430K1 OCCOKI | KED (FNIERNA | TURE OF INJURY IN | IIIEM IS PAK | I I OR PART 2) | | |
| CA | (IF EITHER NOTIFY ME | | | .M. | 15 | | | | | | | | |
| MEDICAL | 214 INJURY OCCU | | 21e PLACE | OF INJURY | | 211 LOCA | TION | | | | COUNTY | | STATE |
| ž | WHILE NOT | WHILE | (AT HOME ST | REET FACTORY OF | FICE FARM ETC.) | STR | tt: | | (ITY OF TOWN | | COUNTY | | TIAIC |
| | AT WORK AT W | | | | (1) | | 100 | | | | | | |
| | 22a L certify that (| | | | om 41 | | 1963 | to | | 19 | | | (we) last |
| | sow the deced obove, (I) (we) | (did) (did not |) view the hody | after death | 19_0 | ond that in (m | y) (our) opinion | death occurre | d on the dote | ond hour a | nd from the | causes st | toted |
| | 22b. SIGPATURE | , 3, 4, (314 110) | C Cody | 2001 | | DEGREE | | | | | 22c DATE | SIGNED |) |
| | 1 / Ma | 1 4.4- | | 20 1/2 | 20 1 | mill | ATTENDING PHYSICIAN | MEDICAL | STAFF | 577 | 1 10 | 1.10 | 11. |
| | | MANA | 147 | 141 | 4 | 12.11 | | | | | 1 10 | 11015 | 34 |
| | 22d. PHYSICIAN'S | NAME (TYPE OF | PRIN | | | 22e/ADDR | Ess Essex | Midd. | le Rive | er | | | |
| | Dr. Mar | vin Ro | mbro | | | 805 | Fuselage | Avenu | e | | | | |
| 23a I | BURIAL, CREMATION | | 236 DATE | 1 | 23c NAME OF | | R CREMATORY | 23d LOC A | ATION | | | | |
| | Buria | | 10/12 | 18/1 | | | | Bal | timore | | COUNTY [M | 2 7777 | State land |
| 24 E | UNERAL DIRECTOR | - | 10/12 | ./ 04 | weste | ern Cem | ecery | | | DECISTRA | | | |
| | NAME | | | ADDR | ess 21 | 229 | O.C. | T 4 4 | EGISTRAR 25b. | dia Jas | 4000-1 | andal | De- |
| Hu | bbard Fun | eral H | ome. In | c. 410 | 7 Wilke | ne Avo | 06 | 1 1 1 | 1304 | , | | | |
| | | | | | | | | | | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept-of-Hoolth and Mental Hygiene prior to burial, cremation, or removal.



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

6 5 6

| | | | | | | | | | REG. NO. | | 111 | |
|-----|-----------------------|--|--|-----------------|--|---|---|----------------------|---|--|---|---|
| | | CEASED NAME OR PRINT) CHAI | FIRST RLES | WILLI | AM | RED | MOND | 26 | 10-5-8 | NIH DAY | YEAR | 21. HOUR |
| | 3. SE | x Male | 4.1 | RACE White | 133 | | July 10, 191 | | AGE (IN YEARS LAST BIRTHOA | | UNDER I YEAR | IF UNDER 24 F |
| 3 | | RTHPLACE (STATE OR F | FOREIGN 7b. | CITIZEN OF W | | JNTRY? 8. | RRIEN XX NEVER MARRIE | ED 🗆 🤊 | BALTIMORE CITY OR C | OUNTYO | | |
| 8 | 00 | TY OR TOWN OF DEA OWSON | ATH 11 | (IF NOT IN SUCH | FACILITY, GI | NURSING HO. | ME OR OTHER INSTITUTIO | | u USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO Driver | | 126 KIND C INDUSTRY Bus | F BUSINESS |
| 3 | 130. 5 | AL RESIDENCE (IF NURS STATE aryland | NG HOME OR OTH | | 13c CITY C | CE BEFORE ADMISS OR TOWN CIMORE | 13d. INSIDE CITY LIM YES XX NO | | STREET ADDRESS / ZI 1244 Walk | rer Av | re. 21 | 239 |
| 200 | 1 | Henry | C. MIDI | | Redi | | Nora Nora | DENNAME | WIDDLE | H | lauck | it |
| 2 | I 6a V | VAS DECEASED EVER YES, NO OR UNKNOWN) NO | IN U.S. ARME (IF YES, GIVE W | AR OR DATES | | 1 SECURITY N 19-2554 | | Redmo | address and1244 Walk | er Av | re.212 | 39 |
| | | Conditions, if any, gove rise to imm | nediote | 4 | 28 | 2 11 133 | 7 PRIN | RY | MEA | 10- | | |
| | NOI | | nediote ig the lost. | DUE TO, OR | A Range | NS TO DEATH | T ASION | HE TERMINA | AL DISEASE OR CONDITI | ASS ION GIVEN | IN PART 110 | 0 |
| 9 | TIFICATION | gove rise to imm couse (a), statin- underlying couse | nediote ig the lost. NIFICANT COM | NDITIONS SA | HR HILLY | IG TO DEATH | T ASION | HE TERMINA | 20a AUTOPSY? 20 | Db. IF YES, V | VERE FINDIN | |
| 99 | CAL CERTIFICATION | gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN | nediote g the lost. VIFICANT CON TION DERLYING CAUSE OF DEATH | 196 CONDIT | INJURY A. MON | WHICH OPERA | BUT NOT RELATED TO THE | | 20a AUTOPSY? 20 | Db. IF YES, V V CERTIFYII YES | VERE FINDING CAUSES | NGS USED OF DEATH? |
| 99 | MEDICAL CERTIFICATION | gove rise to imm couse (o), stofin underlying couse PART 2. OTHER SIGN 190 DATE OF OPERAT 216. ACCIDENT WAS UNG OR CONTRIBUTING CO | INCOLUMN CALEXAMINER | 196 CONDIT | INJURY A. MON | WHICH OPERA | BUT NOT RELATED TO THE ATION WAS PERFORMED 21c HOW INJURY CO 21f. LOCATION | | 20a AUTOPSY? 20 IN | Db. IF YES, V V CERTIFYII YES | VERE FINDING CAUSES | NGS USED OF DEATH? |
| 99 | | gove rise to imm couse (10), stofin underlying couse PART 2. OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNCOR CONTRIBUTING COCCURR WHAT WORK NOT WHAT WORK NOT WHAT WORK 120. It certify the (1) stofin was unconsidered to the country of the co | INFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED TICK TI | 196 CONDIT | INJURY A. MON A. OF INJURY ET, FACTORY, | WHICH OPER/ TH DAY YI OFFICE, FARM, ETC. | BUT NOT RELATED TO THE ATION WAS PERFORMED 21c HOW INJURY OF 19 21H. LOCATION STREET 19 and that for (my) (our) of | OCCURRED | 200 AUTOPSY? 20 IN YES NO (ENTER NATURE OF INJURY IN | Db. IF YES, V N CERTIFYII YES H TEM 18 PART | VERE FINDING CAUSES 1 OR PART 2) COUNTY | NGS USED OF DEATH? NO STATE that (I) (we) couses state |
| 99 | | gove rise to imm couse [0], stofin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING COURT WHAT AT WORK NOT WHAT WHAT WORK NOT WHAT WHAT WHAT WHAT WHAT WHAT WORK NOT WHAT WHAT WHAT WHAT WHAT WHAT WHAT WHA | INFICANT CON ION DERLYING CAUSE OF DEATH CALEXAMINER) RED ILL ILL ILL ILL ILL ILL ILL I | 196 CONDIT | INJURY A. MON OF INJURY CET. FACTORY, | WHICH OPER/ TH DAY YI OFFICE, FARM, ETC. | BUT NOT RELATED TO THE ATION WAS PERFORMED 21c HOW INJURY OF STREET 21f. LOCATION STREET 19 and that (nm) (our) of DEGREE ATTEND PHYSIC | OCCURRED | 200 AUTOPSY? 20 IN YES NO (ENTER NATURE OF INJURY IN CHTY OR TOWN | Db. IF YES, V N CERTEVII YES I TEM 18 PART | VERE FINDING CAUSES 1 OR PART 2) | NGS USED OF DEATH? NO STATE that (I) (we) couses state |
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Mitchell-Wiedefeld Home 6500 Tork Road 21212

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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4 may be

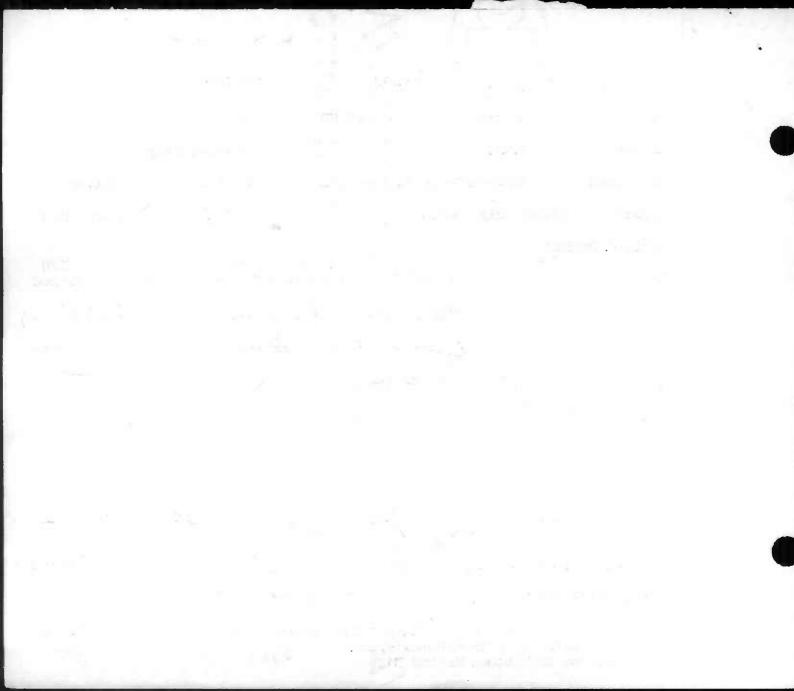
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

5 6 6

| | STATE REGISTRAR | | TMENT OF HEALTH AND MENTAL (1) CERTIFICATE OF DEATH | REG. NO. | 5. 131 |
|-----------------------|--|--|--|--|---|
| 1. DE | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| (TYPE | OR PRINT) | orge Clive Re | inhold | October 30 1 | 000 |
| 3. SE: | | A RACE | 15. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 H |
| | | | | | MONTHS DAYS HOURS M |
| | fale | Caucasian | August 5 1904 | 80 YRS | |
| 7a 81 | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| N | faryland | U.S.A. | WIDOWED TO DIVORCED | 7 71 1 | |
| 10 C | ITY OR TOWN OF DEATH | | ING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINESS |
| | Randallstown | | General Hospital | Steamfitter | Plumber |
| 13a S | STATE LIM COUR | ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO imore City Baltim | WN 134 INSIDE CITY LIMITS? | | oe ark Avenu 21207 |
| | ATHER'S NAME HILLIAM C. Reinhold | MIDDLE LAST | 15. MOTHER'S MAIDEN N | AME | LAST |
| | VAS DECEASED EVER IN U.S. AR | | CURITY NO. 17. INFAMAFERDINE | and Eitemiller DRESS | 21207 |
| 1 | YES, NO OR UNKNOWN) (IF YES, GIV | ve war or dates) 216-10 | | Rolling Road Baltim | |
| | Conditions, if ony, which | | using arter 1 | Jeseon | embron |
| rion | gove rise to immediate couse (a), stating the underlying couse lost. PART POTHER SIGNIFICANT (A) | (b) | UENCE OF DEATH BUT NOT RELATED TO THE TER | | |
| TIFICATION | gove rise to immediate couse (a), stating the underlying couse last | (b) | UENCE OF | 200 AUTOPSY? 20b. IF YE | IVEN IN PART 110 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO |
| CAL CERTIFICATION | gove rise to immediate couse (a), stating the underlying couse lost. PART POTHER SIGNIFICANT (A) | DUE TO, OR AS A CONSEQUE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH ALL TIME OF INJURY HOUR A.M. MONTH | UENCE OF DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YE | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO |
| MEDICAL CERTIFICATION | gove rise to immediate couse (o), stofing the underlying couse lost. PART POTHER SIGNIFICANT (198. DATE OF OPERATION 198. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | DUE TO, OR AS A CONSEQUE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH ALL TIME OF INJURY HOUR A.M. MONTH | UENCE OF DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION | 20a AUTOPSY? 20b. IF YE IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO PART LOR PART ?) |
| | gove rise to immediate couse lost. Stofing the underlying couse lost. PART DTHER SIGNIFICANT 190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LIFE IN NOTIFY MEDICAL EXAMINET 11d. INJURY OCCURRED WHILE ALWORK NOTIFY MEDICAL EXAMINET 12d. I Certify that (1) (this hap saw the deceased alive or obove, (1) (we) (did, fold) | DUE TO, OR AS A CONSEQUE OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE HELD) of tended the deceased from | UENCE OF DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 321 , and that in (my) (my) opinion | 200 AUTOPSY? 200 IF YE IN CERT YES NO YES Y JERED (ENTER NATURE OF INJURY IN ITEM 18 | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES NO PART 1 OR PART 2) COUNTY STATE 19 4, that (II (|
| | gove rise to immediate couse (o), stating the underlying couse lost PART OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE) 220.1 certify that (1) (this hope sow the deceased alive or obove, (1) (we) (did) (did) 221. SIGNATURE | DUE TO, OR AS A CONSEQ [c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE TOTAL OHERSTER OF INSURANCE OF INSUR | UENCE OF DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN | 200 AUTOPSY? 200 IF YE IN CERT YES NO Y YES NO Y YES NO Y (ITY OR TOWN On deoth occurred on the dote and ha | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES |
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGTENE CERTIFICATE OF DEATH

| 2 | 6 | 3 | 6 | .2 |
|---|------|---|---|----|
| | 10.1 | | | |

| | REGISTRAR | | | | | | REG. N | O. | | |
|-----------------------|--|--|--|--|---|--|--|--|---|---------------------------------------|
| | CEASED NAME E OR PRINT) | Guy | I | rving | Re | ynolds | October 10 | | 84 | 10:16a |
| | ale | | 4. RACE White | | | DE BIRTH + 15 1899 YEAR | 6. AGE (IN YEARS LAST BI | RTHDAY) | MONTHS DAY | |
| ľ | RTHPLACE (STATE COUNTRY) | | USA | WHAT COUNTRY? | WIDOW | | 9. BALTIMORE CITY Baltimore | R COUN | TY OF DEATH | , |
| Ros | ssville 2 | 1237 | Franki | They go Give sho | spita. | OR OTHER INSTITUTION | 178. USUAL OCCUPAT LIYPE OF WORK FOR MOST Supervisor | | | OF BUSINESS C |
| 130. 5 | ALRESIDENCE (IF NO STATE Maryland | Balt | OTHER INSTITUTION LITY | GIVE RESIDENCE BEFORE | ADMISSION) N | 13d INSIDE CITY LIMITS? YES NO | 13 STREET ADDRESS 105 River | / ZIP COI | Rd. 2 | 221 |
| 14. FA | Oscar | Hardi | ng Re | ynolds LAST | | Emma FIRST Rade | ella "Mye | | | AST |
| | WAS DECEASED EVE YES. TO OR UNKNOWN) | | MED FORCES? /E WAR OR DATES) | 212 03 8 | | Ester Bush, I | | hite | | Md. 21 |
| | 18 CAUSE OF DEA | ATH (Enter or WAS CAUSE | nly one couse per | Bradycard | 1.0 | | | 118 | BETWEE | XIMATE INTERVAL N ONSET AND DEAT |
| | Conditions, if or gave rise to it cause (a), sto underlying cau | nmediate ting the se last. | (b) | Failure. RAS A CONSEQUE Cancer of | NCE OF the | Colon with Me | tastasis to | the | Lung. | l(a- |
| FICATION | gove rise to in couse (a), sto underlying cou | nmediate ting the se last. | DUE TO, O | Failure. RAS A CONSEQUE Cancer of ONTRIBUTING TO D | the | Colon with Me | tastasis to | the DITION G | Lung. | INGS USED S OF DEATH? |
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an mark at a sta .od feet 1977 President of Company of the Control o 19815 . A Contract | Second of the contract of Cycour leadings Boundds Commands State Commands and Commands Comma The property of the state of th in the latter committee as the conTO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directional defendence of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL YGIENE CERTIFICATE OF DEATH

6 5 2

| (ITPE | PECEASED NAME FIRST DONOVAL | | Nan | LÁST | Octobe: | 23, 1984 | YEAR 26 HOU |
|-----------------------|--|--|--|---|--|--|--|
| 3 SE | Male | 4 RACE White | | June 30, 191 | 6 AGE IN YEARS LAS | T BIRTHDAY) IF UNDER MONTHS: | DAYS HOURS |
| | SIRTHPLACE ISTATE OR FOREIGN COUNTRY) TERVILLE, Mo. | 76. CITIZEN OF V | WHAT COUNTRY? | MARRIED NEVER MARRIE | Dan Baltin | YOR COUNTY OF DE | |
| | SSEX 21221 | | HOSPITAL, NURSIN H FACILITY, GIVE STREET AFROLLI | NG HOME OR OTHER INSTITUTIO | 120 USUAL OCCUP | | KIND OF BUSINES |
| 130 5 | | | GIVE RESIDENCE BEFORE 13 CITY OR TOWN ESSEX 2 | | its? 13e STREET ADDRE | ss liff Rd. C | 21221 |
| 14. FA | ATHER'S NAME FIRST Lester | H. Rick | man LAST | 15. MOTHER'S MAIDE FIRST Haze | el Snider | | LAST |
| | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 327 05 | | ickman Quinc | Orystal Av | 9. 301 APPROXIMATE INTERIOR I |
| | | DUE TO, OR | A CONSECUL | ENCE OF | 1 | 0 | 7. |
| -ICATION | Conditions, if ony, which gove rise to immediate cause tol, stating the underlying cause last PART 2 OTHER SIGNIFICANT | DUE TO, OR | R AS A CONSEQUE | EATH BUT NOT RELATED TO THE | E TERMINAL DISEASE OR CO | ONDITION GIVEN IN P | FINDINGS USED |
| CAL CERTIFICATION | gove rise to immediate cause (a), stating the underlying couse last | CONDITIONS CO | R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D. | ENCE OF DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED 216 HOW INJURY O | | 206. IF YES, WERE IN CERTIFYING C YES | FINDINGS USED AUSES OF DEATH NO |
| MEDICAL CERTIFICATION | gove rise to immediate cause to immediate cause to immediate the underlying couse last part 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE IN THE CONTRIBUTION OF CAUSE OF DIFFERENCE IN THE CAUSE OF DIFFERENCE IN THE CAUSE OF DIFFERENCE IN THE CAUSE OF DIFFERENCE IN THE CAUSE OF DIFFERENCE IN THE CAUSE OF DIFFERENCE IN THE CAUSE OF DIFFERENCE IN THE CAUSE OF DIFFERENCE IN THE CAUSE OF | (b) DUE TO, OR (c) CONDITIONS CO 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND 1 | R AS A CONSEQUI | ENCE OF BEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED AY YEAR 10 FARM. ETC. 11 LOCATION FARM. ETC. 11 LOCATION | 200 AUTOPSY? YES NO CCURRED (ENTER NATURE OF | 206. IF YES, WERE IN CERTIFYING C YES | FINDINGS USED AUSES OF DEATH NO [] |
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retained by the haspital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, whe

STATE OF MARYLAND

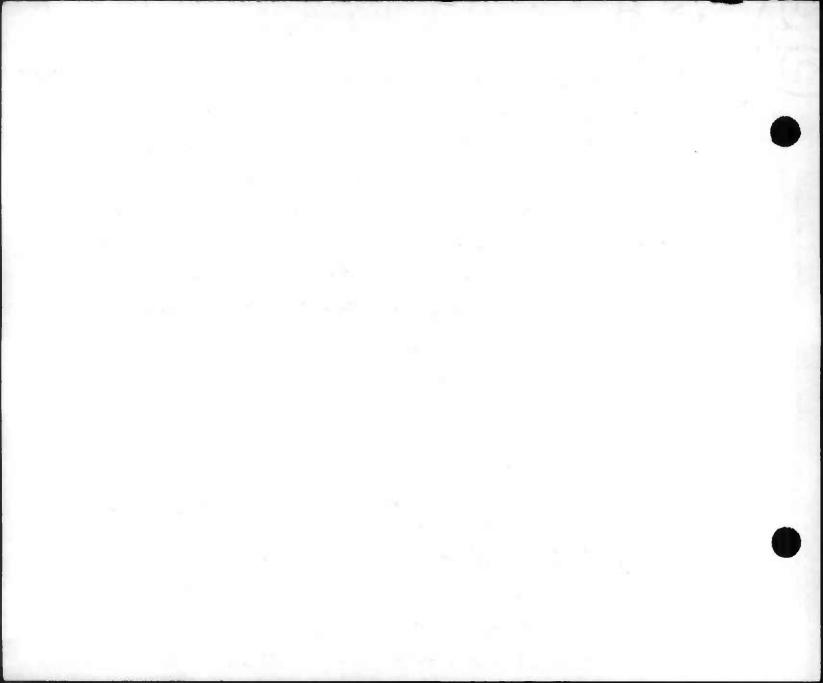
DEPARTMENT OF HEALTH AND MENTACHYGIENE

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| ı | 1 | FOR STATE | DEP | ARTMENT OF HEALTH AND M | | IENE 2 | 0 3 0 | and a |
|----|----------------|--|---|-----------------------------|------------------------|---------------------------|------------------------------|---|
| l | 1 - | REGISTRAR | | CERTIFICATE OF DI | EATH | REG. NO | D. | |
| ħ | | EASED NAME FIRST | MIOOLE | LAST | | 20 DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| l | (TYPE | Delma | 4. | Ries | | / | 0-13-8 | 4 8:47 1 |
| 1 | SEX | | 4. RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAST BIR | | |
| l | | Female | WHITE | OSC. 9 DAY | 1909 | 74 | YRS. | |
| 17 | | THPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | MARRIED NEVER M | A PRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | |
| ı | C | ountry) md. | 11.S.A. | | ORCED | Cou | ntu | MD. |
| t | 0. CI | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NO | URSING HOME OR OTHER INSTI | | 12a USUAL OCCUPATE | | D OF BUSINESS OR |
| 1 | 04 | uson, Md. | ST. Joseph | 's Hospital | | AT Hom | | |
| | JSUA 13a. S | L RESIDENCE (IF NURSING HOME OF | R OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR | | TY HMITS? | 13e.STREET ADDRESS | ZIP CODE | |
| | | -0 / | alto. PARKY | | NO P | 2702 FIF | 1 | 21234 |
| Ī | 4 FA | THER'S NAME | MIDOLE LAS | 15 MOTHER'S | MAIDEN NAM | MIDDLE | | LAST |
| ۱ | F | RANCIS | CZIRHAR | OT ST | ALLS | | STINCH | tomb |
| ħ | | AS DECEASED EVER IN U.S. AF | | SECURITY NO. 17 INFORMAN | VT. | ADDRE | SS | |
| ١ | (1 | ES, NO OR UNKNOWN) (IF YES, GI | IVE WAR OR DATES) 313 8 | 25616 FAR | 7:29 | RECORDS | | |
| F | | 18 CAUSE OF DEATH (Enter o | nly one cause per line for (a). (| b), and (c) | | . 4 . | APPI BETWE | ROXIMATE INTERVAL EN ONSET AND DEATH |
| ı | | PART I. DEATH WAS CAUSI | ED BY: | 1. 10 server | Car | dial In | Parcher | , |
| l | | IMMEDIA | TE CAUSE (o) | Charles to | | | | |
| ١ | | | DUE TO, OR AS A CONS | SEQUENCE OF | | | | |
| ı | | Conditions, if any, which | (b) | | | | | |
| ı | | couse (a), stating the underlying couse last. | DUE TO, OR AS A CONS | SEOUENCE OF | | | | |
| ١ | | | (c) | | | | | |
| ı | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | G TO DEATH BUT NOT RELATED | TO THE TERM | IN AL DISEASE OR CON | DITION GIVEN IN PART | 10 |
| | CERTIFICATION | The state of OSERATION | LIAL COLUNIA I COLUNA | /HICH OPERATION WAS PERFOR | DAAED. | 20g AUTOPSY? | 206. IF YES, WERE FIN | IDINGSTISED |
| ł | ICA | 19a. DATE OF OPERATION | 176 CONDITION FOR W | THICH OPERATION WAS FERT OF | (MED | | IN CERTIFYING CAU | SES OF DEATH? |
| 1 | RTI | | | To now hi | | YES NO | YES | NO 🗌 |
| M | | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | 21b. TIME OF INJURY HOUR A.M. MONTH | H DAY YEAR | IURY OCCURR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART | 21 |
| 1 | CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | | | |
| ı | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211. LOCATIO STREET | N | CITY OR TO | WN COUNTY | STATE |
| ł | 2 | AT WORK NOT WHILE AT WORK | | | | | | |
| l. | | 22a certify that (I) (this hosp | pital) attended the deceased f | 4 | , 19 | 10 10 - | 19 0 | that (II (we) lost |
| 1 | | sow the deceased alive at above, (1) (we) (did) (did no | n | _1964, and that in (my) (| (our) opinion (| death accurred on the d | ote and hour and from | the couses stated |
| I | | 226 SIGNATURE | 2.11. | DEGREE | | | | ATE SIGNED |
| ı | | 1111 (0 | willed m | | ttending hysician 🚪 | DIRECTOR PHYSIC | IAN 16 | 23-84 |
| 1 | | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e. ADDRESS | | 2000 3 | 7 7 | 7/3/1 |
| ١ | | 114.60 | HILADI | 7600 | | SLER E | Dr. Towse | n 4204 |
| ŧ | | URIAL, CREMATION, REMOVA | L 23b. DATE | 23c NAME OF CEMETERY OR C | REMATORY | 23d. LOCATION | | |
| | | URI AL | 10-26 1984 | PARKLINGER C. | sm. | PARKY IL | BALTO. | MARYLAND |
| ŀ | 24 FL | INERAL DIRECTOR | 1.000. | DRESS 8800 | 25a. DAT | E REC'D. BY REGISTRAR | 25b REGISTRAR'S SIGI | VATURE |
| | 5 | VANS CHAPEL | DE Marise | | 00 | T Q A 400A | 2 a Varidson | afanda. |
| L | <_ | V MID CITITIZA | OF I IZI IUNIZO | HARTORD ROAD | بالاساب | 1 6 4 1304 | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physicion.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AN HYGHINE

| 1. | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | NO | | | | |
|---------------|-------------------------|----------------|----------------|--------------------------|--------------|-------------------------------|------------------------|-----------------|-------------------------|---------|------------|----------|
| | CEASED NAME | FIRST | | MIDDLE | l | LAST | 20 DATE OF DEATH | | DAY | YE AR | 26 HOU | JR . |
| [TYP] | E OR PRINT) | JOSEP | HINE | М. |] | RILEY | | 10 | 17 | 184 | 8:35 | SA N |
| 3. SE | x | | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST B | | IF UNDER | | # UNDER | |
| | Female | | W | hite | Ja | n. 2, 1903 | 81 | YRS | MONTHS | DAYS | HOURS | MIN. |
| | RTHPLACE STATE OR | FOREIGN 7 | CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | Y OF DE | ATH | | |
| | Maryland | | U. | S.A. | WIDOWE | _ | BALTIMOR | RE MD. | COU | NTY | | MD |
| 10. C | ITY OR TOWN OF DEA | ATH I | | | | OR OTHER INSTITUTION | 12e USUAL OCCUPAT | TION | 12b | | F BUSINI | ESS OR |
| | TOWSON | | GREATE | | ORE M | EDICAL CENTER | Housewif | | FE) IND | USIKI | | |
| USU 13a | AL RESIDENCE (# NURS | 136 COUNT | | GIVE RESIDENCE BEFORE | E ADMISSION) | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | / ZIP COD | E | | | |
| M | aryland | Balti | | Parkvil | le | YES NO | 1413 Da | | | re. | 2123 | 4 |
| 14. F/ | ATHER'S NAME | M | DDLE | LAST | | 15 MOTHER'S MAIDEN NA | | | | LAST | 1 | |
| | Otto | | | Eff | | Margare | t | | aldh | aus | er | |
| | WAS DECEASED EVER | | ED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDI | | | | | |
| , | YES, NO OR UNKNOWN) | \" 103, Olve | WAR OR DATES | 215-01-3 | 5590 | Michael Ril | ey 1413 Da | rtmout | h Av | re. | 2123 | 4 |
| | 18 CAUSE OF DEAT | H (Enter only | one cause per | line for (a), (b), an | d (cvil) | | | | Be | APPROXI | MÁTÉ INTE | RVAL |
| | PART I. DEATH W | AS CAUSED | | CARDI | OPULM | ONARY ARREST | | | | | | |
| | | | DUE TO O | R AS A CONSEQUE | ENCE OF | | | | | | | |
| | Conditions, if ony, | , which | (ib) | R AS A CONSEQUE PNEUM | ONIA | | | | | | | |
| | gave rise to imr | nediote | DUETO | R AS A CONSEQUE | ENICE OF | | | | | | | |
| | underlying cause | | DOE 10, 0 | K AS A CONSEQUE | ENCEOF | | | | | | | |
| | PART 2 OTHER SIGN | VIFICANT CO | ONDITIONS CO | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COI | NDITION GI | VEN IN P | ART Ico | | |
| NO | | | _ | | | | | | | | | |
| CERTIFICATION | 19a DATE OF OPERA | TION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YE | | | | |
| IFIC | | | | | | | YES T NOT | IN CERTI | fying c es \square | AUSES | OF DEA | |
| E | 21a. ACCIDENT WAS UNI | DERLYING | 21b. TIME C | | | 21c HOW INJURY OCCUR | 1 0 0 | JURY IN ITEM 18 | PART LORI | PART 2) | | |
| | OR CONTRIBUTING | | 1 | M. MONTH DA | AY YEAR | | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDI- | | 21e PLACE | | 19 | 211 LOCATION | | | | | | |
| ME | WHILE NOT WE | HILE | (AT HOME ST | REET FACTORY OFFICE F | FARM ETC : | STREET | (ITY OR T | OWN | COL | MIA | 1 | STATE |
| | 220 I certify that (I) | | l) attended th | e decensed from | 10 | 1/14 19 84 | 10/1 | 7 | 10 8 | 34 | that (l) (| we) last |
| | sow the decense | ed alive on_ | 10 | / 1 / 19 | 97. | nd that in (my) (our) apinion | | date and har | | | , . , | |
| | above, (1) (we) (c | did) (did not) | view the body | after death. | | DEGREE | | | 220 | DATE | SIGNED | |
| | D | Meye | _ / | ers | | ATTENDING PHYSICIAN | MEDICAL ST. | AFF ICIAN 🔀 | | 161 | 17/ | 84 |
| | 22d. PHYSICIAN'S N | AME (TYPE OR | PRINT) | | - | 22e ADDRESS | | | | | | 1 |
| | DALE | R. ME | EYER, M | .D. | | GBMC - 670 | 1 N. CHARL | ES STR | EET | 212 | 04 | |
| | BURIAL, CREMATION, | REMOVAL | 236 DATE | | | CEMETERY OR CREMATORY | 23d LOCATION | | COUNT | Y 3.6 | - | STATE |
| | Buris | al | Oct 20 | 1984 M | ost H | oly Redeemer | Balti | more | | Mai | ylar | Jq. |
| 24 F | UNERAL DIRECTOR | | | ACCRES : | 141 | | E REC'D BY REGISTRA | R 256 REGIS | TRAR'S-S | IGNAT | URE | |
| | Leonard J. | Ruck | , Inc. | Baltimo: | re, Ma | aryland not | 1 8 108/ | win Do | 214. | 2-12 | ndelle | - |

Baltimore, Maryland

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retained by the haspital ar

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonopaets. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, th

IMPORTANT: If Item 21 is

Leonard J. Ruck, Inc.

2. ... 124 512 III - DELL' PARE PARENTA

COMPANY AND SERVICE OF THE PARK OF THE PAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fureral dishould be detached for use as the burial-transit permit. Then please remove corbanopers. Pages 1 and 2 should be filled within 72 has with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MADQLANT: If them 21 is marked or them 18 shows any injury, are other traumatic event, the medical

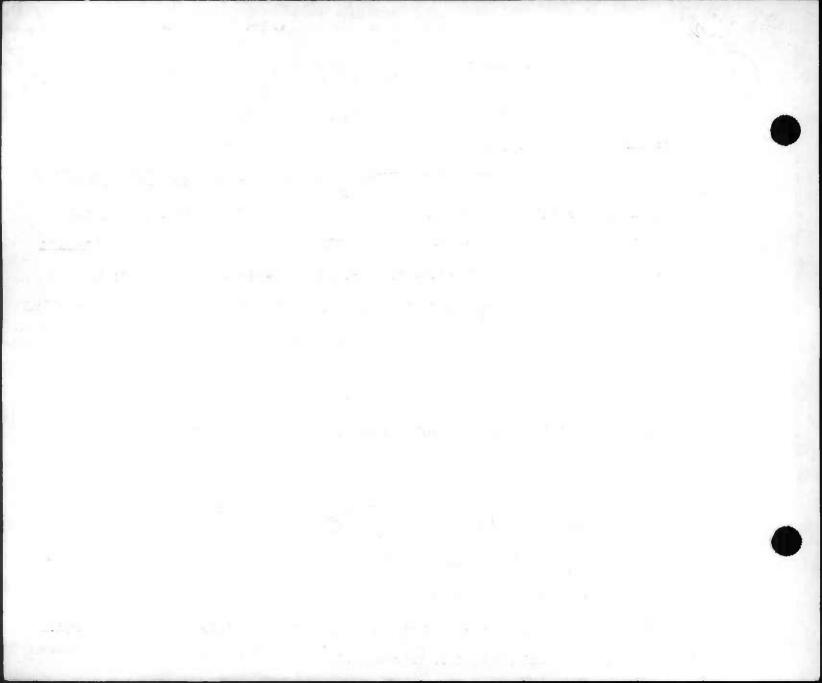
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL INGIENTS

| 2 | 1 | FOR STATE REGISTRAR | | | DEP | ARTMENT | OF HE | OF MARYLAND ALTH AND MENT ATE OF DEAT | | reg. No | 6 5 | 6 6 | |
|-------------------------|---------------|---|--|--------------------------|--|-----------|--------------|---|--------------|--|-------------------|------------------|---|
| | | CEASED NAME | FIRST SR | . ST.H | ËNRY | - | Rior | RIORDA | N | 20. DATE OF DEATH | 10 - 20 | | 26. HOUR 35 |
| / | 1.5E | | 4. | RACE | | 5 D | ATE OF | BIRTH | | AGE (IN YEARS LAST BIR | | UNDER I LEAR | IF UNDER 24 HRS |
| 0 | F | emale | | White | | | MONTH 11v | 20. 1905 | AR | 79 | YRS. | NINS DATS | HOURS MIN. |
| 1/1 | - 1 | RTHPLACE STATE OR FO | 1 | CITIZEN OF | WHAT COUN | TRY? 8 M | | NEVER MARRI | ED X | BALTIMORE CITY O | RCOUNTYO | F DEATH | now |
| | - | TOWSON | | . NAME OF | HOSPITAL, NU CHFACILITY, GIVE S TOSE | JRSING HO | OME OR | OTHER INSTITUTION | ON / | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | F WORKING LIFE) | 12b. KIND OF | BUSINESS OR Hospital |
| 1/2 | 13a, S | | 136 COUNTY | | 13c. CITY OR | TOWN | P | 3d. INSIDE CITY LIA | AITS? | 3e.STREET ADDRESS | ZIP CODE | -3 <u> H - 1</u> | 1.01.0 |
| | M: | aryland ATHER'S NAME | Baltir | nore | Towso | n | | YES NO | | 7620 Yor | k_Rd | 2120 | 04 |
| E C | | aniel | WIE | DIE | LAST | | - 1 | FIRST | | MIDDLE | | LAST | |
| 0 | | VAS DECEASED EVER | NIIS ARME | D FORCES? | Rioro | | NO I | Ellen 1 INFORMANT | | ADDRE | SS | 0'0 | nnell |
| medic | | YES, NO OR UNKNOWN) | [IF YES, GIVE W | | 219-58 | | | | la Ma | ris - Asto | n. Pa. | 19014 | |
| fraumatic event, th | | Conditions, if ony, | AS CAUSED I IMMEDIATE (which | SY: CAUSE (a) | r line for (0), (b) 1ETAS OR AS A CONS | TATI | C * | COLON | , | NOMA OF | THE | - | MATE INTERVAL INSET AND DEATH 10NTH |
| ws ony injury, ar other | CERTIFICATION | couse (a), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT | lost IFICANT CO | (c) NDITIONS <u>C</u> | DITION FOR W | TO DEATH | H BUT N | OT RELATED TO THE | | VAL DISEASE OR CONI | 20b IF YES, V | WERE FINDIN | GS USED |
| I Hem 18 sho | CAL | 210. A CIDENT WAS UND OR CONTRIBUTING CC. (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR | AUSE OF DEATH ALEXAMINER) | Р | - , , , | | YEAR | | OCCURRE | D (ENTER NATURE OF INJUR | RY IN ITEM 18 PAR | TIORPART?) | |
| orked o | MEDI | WHILE NOT WHI | | | REET FACTORY, OF | | | STREET | | (11Y OR TO | | COUNTY | STATE |
| n ZT is mo | | 22s I certify that (1) saw the decease above (1) well d | this haspital plive an_ id (did not) v | 10 — | deceased fr | 19 | | | opinion de | to <u>10-2</u> | | and som the o | |
| - T | | 22b. SIGNATURE | ento | fer | ren | _ | M | | DING CIAN | MEDICAL STAF | F IAN [] | 102 | / |
| MPORTANT | | ROBE | | RINT | FERR | ER, | الما | 7600 (| OSLÉ | R DR - T | 6200 | N- MD | 21204 |
| - | - 1 | BURIAL, CREMATION, I (SPECIFY) 171a1 | REMOVAL | 23b. DATE 10-24- | -84 | | | Redeeme | | 23d LOCATION CITY OR TOWN Baltimore | | COUNTY | state |
| /83 | 24. FI | UNERAL DIRECTOR | Funera | 140 / 170 | ADDR | 1050 | Yo. | rk Rd. | | REC'D BY REGISTRAR | 256 REGISTRA | | IRE |

Towson, Md. 21204

Ruck Towson Funeral Home, Inc.

DHMH - 16 50M 4/83 (VRA 15, 4)



| 16 | | FOR STATE REGISTRAR | | ME | DEPARTMENT O | F HEALT | MARYLAND H AND MENTAL CERTIFICATE | The second secon | 2 6 5 REG. NO | ó | 1 | |
|--|---------------|--|--|-------------------|---|------------------|--|--|--|----------------|-------------------------|-------------------|
| 8 9 3 3 5 E | (TYF | | MELVIN | | MAC | | BBINS | 215 DE | OF ESTI- | 10 | H 1984 | 26 HOUR SOO |
| LTIMORE, MD. 21201 FIER DEATH. IF ANY DELAY IS NECESSARY, PLEASE VE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. I FORM PM. 3. RETAIN PAGE 5. FOR YOUR FILES, GES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS SION OF VITAL RECORDS, 201 W. PRESTON STREET, | 100 | ale | White | Dec. 22 | 2 1921 62 | YEARS IF U | | MIN. PRO | DATE NOUNCED DEAD | 10 | 4 1984 | 1240 _M |
| NECESS FUNERA S. FOR W. PRES | İ | RTHPLACE (STA REIGN COUNTRY) enna | | USA | | WIDO | RIED XXEVER MAR WED DIVOI | RCED | | more (| County | MD |
| ELAY IS TO THE V PAGE BE FILED DS, 201 V | Es | sex 212 | 21 | (# NOT IN SUICHE | SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES TUNSWICH | Rd. | HER INSTITUTION | FOR MOST C | DECUPATION (TYPE) DE WORKING LIFE) 21507 | PE OF WORK | NIND OF BU OR INDUST | RY pair |
| 21201 FANY D AND 3 RETAIN HOULD RECORI | 13a S | aryland | Balt: | | 134 CITY OR TOWN | | 13d. INSIDE CITY LIMITS | 13. STREET A | Brunswic | h Rd. | 21221 | |
| RE, MD. EATH. IF SES 1, 2, A PM 3. A PM 3. A PM 2. SEVITAL | 14 F/ | ATHER'S NAME FIRST | Isaac | MIDDLE F | Robbins | | 15. MOTHER'S MAI | ra Rem | leÿ | | LAST | |
| | 160 V | VAS DECEASED ES. NO. OR UNKNOW YES | EVER IN U.S. ARA | MED FORCES? | 166 14 8 | | 17 INFORMANT Eleanor | A. Robb | ADDRESS ins, Wif | | Bronh to., Md | |
| CAL RECORDS, 201 W. PRESTON ST., BALTI COLID BE EXECUTED WITHIN 24 HOURS AFT 10" PENDING" IN PENCIL IN ITEM 18. GIVE 11EF AKBICAL EXAMINER ALONG WITH F 13ED AS A BURIAL - TRANSIT PERMIT. PAGE 13ED AS A BURIAL - TRANSIT PREMIT. PAGE 13LY, CREMATION, OR REMOVAL. | NO | gave rise cause (a) s lying cause | , if any, which to immediate toting the <u>under-</u> last. | (b) | R AS A CONSEQUENCE | E OF | SE OR CONDITION GIVEN IN | PART I to: | | | | |
| SHOULD ORD "PER ONE NOTE A CHIEF ME USED A LURIAL, OUR HEAD A LURIAL, OUR ME USED A LURI | CERTIFICATION | 196 DATE OF C | PERATION | 196 COND | ITION FOR WHICH OP | ERATION | WAS PERFORMED? | | | | 20 AUTOPSY YES | NO NO |
| DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." REDED TO THE CHIEF AS 3 SHOULD BE USE EDERARTMENT OF ITE DEPARTMENT OF ITE OF PRIOR TO BURRAL | MEDICAL CER | 210 EXTERNAL UNDERLYING CONTRIBUTION 216, INJURY OC | OR G CAUSE OF D | DEATH P.A | M. MONTH DAY YE | AR | OCATION | RED LENTER NATURE | E OF INJURY IN ITEM 18 | PART 1 OR PART | 2) | |
| DIVIS THIS CER WARDED PAGE 33 | MEI | WHILE | NOT WHILE E | | CTORY, FARM, ETC.) | | STREET | 1 | OR TOWN | COU | NIA | STATE |
| TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF | | 226 I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT) | J.CRO | sol causes SS AN | Accident , | Auto Suicide | PSY Inspect Hamicide Hamicide ADDRESS 211 | Undetermin | | DATE SIGNED | 10/4/ | 2122 |
| BP | 23a.B | urial, CREMATI | ON, REMOVAL 2 | 36 DATE 0/8/84 | Twin Hi | EMETERY Lls M | or crematory emorial Pk | Municy | Pa. | COUNT | TY S | TATE |
| DHMH · 17 (VR A15 ME (5)) 20M 4/82 | 36 | zdzinsk | i Juner | T Story P | 1407 Old | East | ern Ave | 5 198 | STRAR 256 REG | ISTRAR'S SK | GNATURE Jandesse | 7 |

| To the control of the | | | HOU THE TO | . Bano |
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| de a ozna – roz Gruga – | | | | TETERS KAREE |
| ANNELS of Helphonic (15 wax) | | | | |
| Vindenda In all | | saf go | | |
| cord. Vobrine, wire and to., xd.22 | | 266 AC 2650 | £. | 801 |
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| | La Moral | tte night | 20/2/02 | |
| | | | | n teartain in t |

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

FOR - STATE

4 moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBJENE CERTIFICATE OF DEATH

6 2

Julia Davidson-Randose

| | REGISTRAR | | CER | IIIICAIL OI DEATH | REG. NO |). | | |
|---------------|--|-------------------------|----------------------------|----------------------------------|--|---------------------|-----------|-----------------|
| | DECEASED NAME FIRST | MIDE | DLE | LAST | 20 DATE OF DEATH | MONTH DAY | YEAR 2 | h HOUR |
| £114 | YPE OR PRINT! HYMAN | / | ROBEN. | 3400 m | / | 0 13 8 | 04 1 | 01025 |
| 3. S | SEX . | 4. RACE | | TE OF BIRTH | 6. AGE (IN YEARS LAST BIR | HDAY) IF UNDER | RIYEAR I | IF UNDER 24 HRS |
| | MALE | WHITE | | Y 10, 1896 | 88 | YRS | DAYS | HOURS MIN. |
| 7a. | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WH | AT COUNTRY? | RIED NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DE | ATH | |
| 1 | RUSSIA | USA | | WED DIVORCED | BALTIMOR | E COUNTY | | MI |
| 10 | CITY OR TOWN OF DEATH | | SPITAL, NURSING HOA | NE OR OTHER INSTITUTION | 12a. USUAL OCCUPATE | | KIND OF I | BUSINESS OF |
| | RANDALLSTOWN | | ORE COUNTY | | PROPRIETO | | | STATE |
| | UAL RESIDENCE (IF NURSING HOME OF | | E RESIDENCE BEFORE ADMISSI | 1 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | |
| 1 | MARYLAND E | | BALTIMORE | YES NO X | 7416 SUDBR | | #212 | 208 |
| 14. | FATHER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDEN NA | ME | | LAST | |
| 1 | SAUL | ROS | ENBLOOM | GOLI | | | KOSSC |)FF |
| 160 | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 16 | SOCIAL SECURITY N | D. 17 INFORMANT MRS | . MINNIE | SENBLOOM | | |
| | NO | | 215-09-0383 | 7416 SUDBRO | OOK RD. BAL | TO., MD | 2120 |)8 |
| | IS CAUSE OF DEATH (Enter of | | e for (a), (b), and (c) | | | 8 | APPROXIMA | ATE INTERVAL |
| | PART I. DEATH WAS CAUSE | TE CAUSE (o) | PRINCEF | NIC SHOC | K | | | |
| | Conditions, if any, which gave rise to immediate | (b) | 40116 | MYOCARU | IAC IN | FAKE! | 100 | |
| | cause (a), stating the underlying cause last | DUE TO, OR A | S A CONSEQUENCE O | F | | 7.43 | 1 3 | |
| z | | CONDITIONS CON | TRIBUTING TO DEATH | BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN IN P | PARI Ira | |
| 2 | DIABE | 165 | 1116661 | (4) | 20g. AUTOPSY? | 20b. IF YES, WERE | EINIDINIO | ac uces |
| CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITIC | IN FOR WHICH OPERA | TION WAS PERFORMED | YES NO | IN CERTIFYING C | | |
| 18 | 21a. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCUR | | | PARI 2) | |
| 41 | CALLES OF DE | A10 | MONTH DAY YE | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | R) P.M. 21e PLACE OF | | 211. LOCATION | | | | |
| ME | | | FACTORY, OFFICE, FARM, ETC | STREET | CITY OR 10 | WN COL | UNTY | STATE |
| | 22a.1 certify that (I) (this hasp | ital) attended the d | eceased from | | 10 | . 19 | the | ot (I) (we) fa |
| | sow the deceased alive or | | 19 | , and that in (my) (our) opinion | death accurred on the de | ate and hour and fr | om the ca | uses stated |
| | 27h SICH TURE | at i view the body off | ar grath. | DEGREE | STATE OF THE STATE | 73 | DAM SE | GNET |
| | Hatees | Al A | Med a | ATTENDING PHYSICIAN [| MEDICAL STAI | | 8/13 | 184 |
| | 226 PHYSICAN'S NAME THE | OF PERHIT) | 1 2 | 22e ADDRESS | | | | |
| L | HAFEEZ | 840 | 50 | BALTIMO | RE COU | N1461 | EN | HOSF- |
| 23a | BURIAL, CREMATION, REMOVAL | OCT. 14, | | CHATM | 23d LOCATION BALTIMOF | COUN | MARY | YLAND |
| 24 | FUNERAL DIRECTOR SOL | | & BROS., IN | | TE REC'D. BY REGISTRAR | | | |
| 24 | 6010 REISTERSTO | | ALTO., MD | 21215 | T 4 0 400 6 | 0 | | |
| | OUTO KETSIEKSIO | MIN KD. DA | TLIU., PID | 21212 | 1 1 2 100/ | Aulia David | mon to | und a 00 |

DHMH - 16 50M 4/83 (VRA 15, 4)

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Committee of the Commit STATE OF CREATE STORY STREET, S.

STATE OF MARYLAND

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| | 4 | | | | |

| II Dez | | | | | CATE OF DEATH | REG. NO | | | |
|-----------------------|--|--|--|--|--|--|--|---|------------------------------|
| | CEASED NAME FIRST OR PRINT) | | DDLE | LAS | 1 | | MONTH DAY | | 26 HOUR |
| | В | EULAH OI | LIVIA R | OEDE R | | OCTOBE | | | 1:15 |
| 3. SEX | X | 4. RACE | | 5. DATE OF | BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) # | UNDER 1 YEAR | IF UNDER 2 |
| \ J | Female | White | | Aug. | 17,1893 | 91 | YRS. | | |
| PK BIR | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF W | HAT COUNTRY? | 8 AAA DDIED | ☐ NEVER MARRIED 🛣 | 9 BALTIMORE CITY O | R COUNTY O | FDEATH | |
| 22 i | Maryland | USA | | WIDOWED | | Baltim | ore Cou | inty | |
| 10 1 | Towson | Multi- | FACILITY, GIVE STREET A | Cente | OTHER INSTITUTION | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Secret | F WORKING LIFE) | INDUSTRY | of Busines uranc |
| 13a. S | AL RESIDENCE IN NURSING HOME OF STATE 136 COU | R OTHER INSTITUTION, G NTY | Baltimo | re | 13d. INSIDE CITY LIMITS? YES X NO | | zip code eech Av | 7e. 2 | 1211 |
| 178 | THER'S NAME James B. Roeder | MIDDLE | LAST | 1 | Anna M. | MIDDLE | | LA | S† |
| 6 16a. W | WAS DECEASED EVER IN U.S. AI | RMED FORCES? 1 | 66 SOCIAL SECU | | 17 INFORMANT | ADDRE | | | |
| / N | YES, NO OR UNKNOWN) (IF YES, GI | IVE WAR OR DATES) | 212-10- | 3784 | Herta H. Eic | henwald 830 | W. 40t | h St. | 2121 |
| | Conditions, if ony, which gove rise to immediate couse (0), stating the | (b) | AS A CONSEQUE | LE | DEMENTIA | 4 | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CON | | | OT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART I | 0, |
| NOIL | PART 2 OTHER SIGNIFICANT | racture | NTRIBUTING TO C | DEATH BUT N | ERVS | | | | |
| TIFICATION | PART 2 OTHER SIGNIFICANT | racture | NTRIBUTING TO C | DEATH BUT N | | 20g AUTOPSY? YES NO | 20b. IF YES, VIN CERTIFYII | WERE FIND | NGS USED |
| DICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IS EITHER, NOTIFY MEDICAL EXAMINE | 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 197 CO | NTRIBUTING TO DE LON FOR WHICH | DEATH BUT N HUM OPERATION AY YEAR 19 | WAS PERFORMED 21c. HOW INJURY OCCURI | 200 AUTOPSY? YES NO NO NET NATURE OF INJU | 20b. IF YES, V IN CERTIFYII YES RY IN ITEM 18. PAR | WERE FINDING CAUSE | NGS USED S OF DEATH NO |
| MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 196 CONDITION CO | NTRIBUTING TO DE LON FOR WHICH | DEATH BUT N HUM OPERATION AY YEAR 19 | WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V IN CERTIFYII YES RY IN ITEM 18. PAR | WERE FINDING CAUSE | NGS USED S OF DEATH NO |
| | PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IN EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE | 21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AI HOME STREE | INJURY MONTH DA FINJURY ET, FACTORY, OFFICE, F deceosed Irom | OPERATION AY YEAR 19 FARM, ETC.) | WAS PERFORMED 21c. HOW INJURY OCCURI | 200 AUTOPSY? YES NO NO NET NATURE OF INJU CITY OR TO | 20b IF YES, VIN CERTIFYII YES RY IN ITEM 18 PARI | WERE FINDING CAUSE: | NGS USED S OF DEATH NO |
| MEDICAL | PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (18 ETHER, NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.] certify that (1) (this haspender of the decay and dispendent of the decay and decay an | 216. TIME OF HOUR A.M. P.M. 21e PLACE O (AI HOME SIREE DITO) Ottended the | INJURY MONTH DA FINJURY 1. FACTORY, OFFICE, F | OPERATION AY YEAR 19 PARM, EIC.) | WAS PERFORMED 21c. HOW INJURY OCCURI 211. LOCATION STREET , 19 4 that in (my) (our) apinion EGIEE ATTENDING PHYSICIAN 12e ADDRESS | 200 AUTOPSY? YES NO NO NOTE OF INJU CITY OR TO death accurred on the di MEDICAL STA DIRECTOR PHYSIC | 20b IF YES, VIN CERTIFYII YES RY IN ITEM 18 PARI WN 19 pote and hour of | WERE FINDING CAUSE: OUNTY COUNTY 22c. DATI | NGS USED S OF DEATH NO |
| MEDICAL | PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHIE NOTWHIE NOT WHIE AT WORK 22a. I certify that (I) (this haspendame). 21a. SIGNATURA | 216. TIME OF HOUR A.M. P.M. 21e PLACE O (AI HOME SIREE DITO) Ottended the | INJURY MONTH DA FINJURY 1. FACTORY, OFFICE, F | OPERATION AY YEAR 19 PARM, EIC.) | WAS PERFORMED 21c. HOW INJURY OCCURION STREET 19 2 that in (my) (our) apinion ECULE ATTENDING PHYSICIAN | 200 AUTOPSY? YES NO NO NOTE OF INJU CITY OR TO death accurred on the di MEDICAL STA DIRECTOR PHYSIC | 20b IF YES, VIN CERTIFYII YES RY IN ITEM 18 PARI WN 19 pote and hour of | WERE FINDING CAUSE: OUNTY COUNTY 22c. DATI | that (II (we couses state |
| WEDICAL MEDICAL | PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (18 ETHER, NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.] certify that (1) (this haspender of the decay and dispendent of the decay and decay an | 196 CONDITION OF THE PROPERTY | INJURY INJURY FINJURY ET, FACTORY, OFFICE, F deceosed from 19 19 123(N | OPERATION AY YEAR 19 FARM, ETC.) NAME OF CE. | WAS PERFORMED 21c. HOW INJURY OCCURI 211. LOCATION STREET , 19 4 that in (my) (our) apinion EGIEE ATTENDING PHYSICIAN 12e ADDRESS | 200 AUTOPSY? YES NO NO NOTE OF INJU CITY OR TO death accurred on the di MEDICAL STA DIRECTOR PHYSIC | 20b IF YES, IN CERTIFYIN YES RY IN ITEM 18 PARI WN 19 19 Telan timore | WERE FINDING CAUSE COUNTY 22c. DATI | that (II (w. couses state) |

DHMH - 16 50M 4/83

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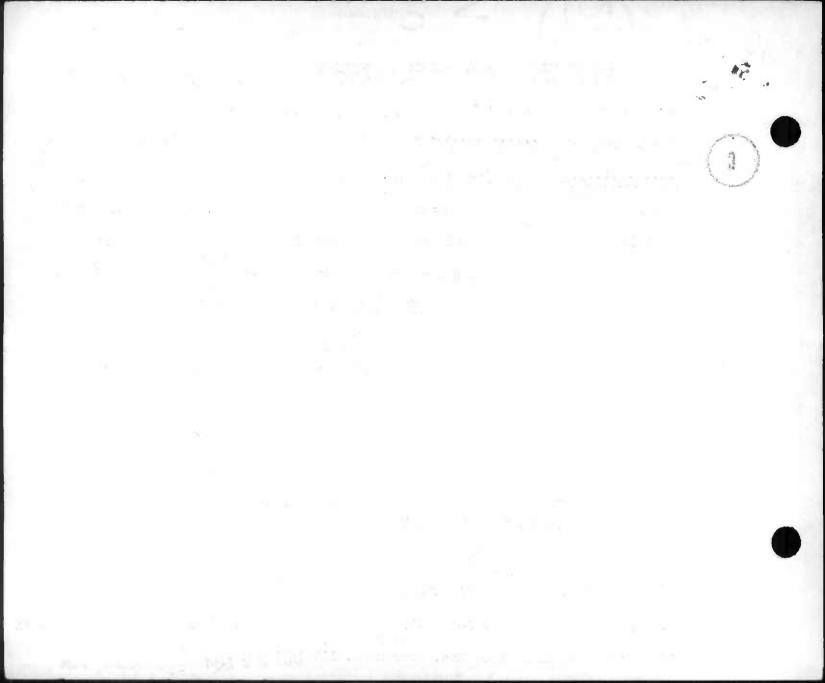
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

26570

| - 1 | | REGISTRAR | | | | | | RE | G. NO. | | | |
|-----|---------------|---|---------------------|------------------------|---------------|--------------------|----------------|-----------------------|---------------------|---------------------------------|--------------|---------------|
| ı | | CEASED NAME PHILOMI | NA PHYT. | LIS ELIZA | ਸਾਸਤ <i>ੀ</i> | POSETTT | | 20 DATE OF DEA | нимом НТ | DAY YEAR | 2h HOU | JR |
| - | (1112 | Thuilli | 5 | DIO LUIZA | 505 | etti | | 10. | 24- | 84 | 7.1 | LLPM |
| 1 | 3 SEX | (| 4 RACE | | 5. DATE C | F BIRTH | | AGE (IN YEARS L | AST BIRTHDAY) | IF UNDER TYEA | | 24 HRS |
| 1 | t | emale | Whit | 0 | MONTH | DAY - | 14 | 70 | YRS | MONTHS DAY | HOURS | AA INI. |
| 1 | la BIF | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8. | TV LIEVED | 20150 | BALTIMORE C | ITY OR COUN | TY OF DEATH | | |
| | N | ew Jersey. | AMY94 | 14494 | WIDOWE | | RCED | BAITE | | inty | | MD. |
| 9 | y-co | TY OF TOWN OF DEATH | | HOSPITAL, NURSIN | | R OTHER INSTIT | NOITU | 12a USUAL OCCI | | | OF BUSINI | ESS OR |
| Ž | P | PY/77/77/2979-1 | STJ | oseph | 1405 | pital | | Worker | | | hing | |
| ₫ | 13s. 5 | TATE VINCOUN | | 13c. CITY OR TOW | | 134 INSIDE CITY | LIMITS? | 13e STREET ADDR | ESS / ZIP CO | DE | | |
| 2 | - | ryland * | | Baltimor | ce | | 10 🗆 | 5804 N. | Charle | s St. | 21210 |) |
| | 14 FA | THER'S NAME FIRST | AIDDLE | LAST | | 15 MOTHER'S N | | | DIE | | ASI | |
| | DO | minick | | Solazzo | | Rosa | | | | Fior | | |
| | | AS DECEASED EVER IN U.S. ARA | AED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | Vine | land. N | .J. 083 | 60 | |
| 1 | No | 20,700 010 0110 0110 | | 144-10-4 | 1091 | Pancoa | ast Fur | neral Ho | me -676 | S. Mai | n St. | |
| ı | | 18 CAUSE OF DEATH (Enter and | y one cause per | line far (a), (b), one | d (c).) | 1 1. | | | | BETWEE | NIMATE INTE | RVAL DEATH |
| - | | PART I. DEATH WAS CAUSED IMMEDIAT | E CAUSE (o) | | 10 | Troke | | | | 10 | hus | |
| П | | | DUE TO, OF | R AS A CONSEQUE | ENCE OF | 6 | | | | 7 | 1 | |
| 1 | | Canditions, if ony, which | (b) | | |)e15 | 7] | | | (| oray | |
| 1 | | gave rise to immediate cause (a), stating the | DUE TO, OF | R AS A CONSEQUE | ENCE OF | . 1 | 1.1 | - | | 7 | | 1 |
| 1 | | underlying cause lost. | (c) | | | MUTA | .I tur | · Ca | -clusad | (| mont | W |
| 1 | _ | PART 2 OTHER SIGNIFICANT C | ONDITIONS <u>CC</u> | INTRIBUTING TO | DEATH BUT | NOT RELATED TO | THE TERMIN | NAL DISEASE OR | CONDITION | GIVEN IN PART | lear | |
| ┙ | CERTIFICATION | | | | | , | | | | | | |
| 7 | ICA | 198 DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORA | AED | 20a AUTOPSY | 100 IF Y | YES, WERE FINE TIFYING CAUSI | | |
| 4 | RTIF | | | | | 1 | | YES NO | 4110 | YES [| ИО [| |
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | FINJURY M. MONTH DA | AY YEAR | 21c HOW INJU | RY OCCURRE | D (ENTER NATURE C | OF INJURY IN ITEM 1 | 8 PART I OR PART 2 | | |
| | CAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | M. | 19 | | | | | | | |
| - 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE (| OF INJURY | ARM. ETC.) | 211 LOCATION | | CIty | Y OR TOWN | COUNTY | | STATE |
| 1 | ~ | AT WORK AT WOR | | | | | CU | 4 | | | | |
| - | | 22a 1 certify that (I) this hospit | | e deceased from | 40 | LTIT | 19 | to | | . 19 | , that (I) (| we) last |
| - | | saw the deceased allo abave, (I) (we) (did) (did no | view the body | after death. | , or | nd that in (my) (a | ur) apinian de | eath occurred an | the date and h | aur and fram th | ie causes st | ated |
| 1 | | 226 SIGNATURE | 10-1 | 2 1 | , | DEGREE | F. 15 V | | | 22c. DA | E SIGNED | das |
| | | | 26 | hul K | 7 | | YSICIAN | MEDICAL DIRECTOR P | STAFF HYSICIAN | 10 | 1/27 | 1114 |
| | | THE PHYSICIAN'S NAME OF COME OF | Your 79 | - / | | 22e ADDRESS | 0+ | 7 | - 1 | 1/ | . 1 | , , |
| | 3 | MI | 150 | erche | er | | | 10 | up) | 111/ | 2/2/ | |
| ٦ | | URIAL, CREMATION, REMOVAL | 236. DATE | 230 1 | NAME OF C | EMETERY OR CR | EMATORY | 23d LOCATION | 7 | COUNTY | | STATE |
| | Bu | irial | 10-27 | 7-84 S | t. Ma: | ry's | | E. Vir | reland | COUNTY | New J | ersey |
| | 24 FU | INERAL DIRECTOR | | 1000000 | | ork Rd. | | REC'D. BY REGIS | TRAR 256 REG | ISTRAR'S SIGNA | ATURE | |
| | Ru | ıck Towson Funei | cal Home | | owson | ,Md.2120 | 4 OCT | 2 9 1004 | 1.00 N | anida To | and all | |
| - | _ | | | | | | | | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)



B TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page of should be detached for use as the burial-transit permit. Then please remove corbanpopers-Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or ottending physician.

FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| - | 2 | 6 | 5 | 7 | |
|---|---|---|---|---|--|
| | | | | | |

| 1. DECEASED NAME | | | | | | REG. NO. | | | |
|--|--|--|-------------------|--|--|--|--|--|---|
| | FIRST | MIDDIE | - 1 | AST | | 20. DATE OF DEATH MO | D HTMC | AY YEAR | 26 HOUR |
| (TYPE OR PRINT) | E, | Albert | ROS | SMANN | 1 | October | 6 | 1984 | 3:00 |
| 3 SEX | | ACE | 5. DATE C | | | 6. AGE (IN YEARS LAST BIRTHD | | F UNDER I YEAR | IF UNDER 24 HR |
| Male | | White | Aug | | 1898 | 86 | YRS. | ONTHS DAYS | HOURS MIR |
| 70. BIRTHPLACE (STATE | OR FOREIGN 76 (| CITIZEN OF WHAT COUN | JTRY? 8 | D NEVER MA | ADDIED [| 9 BALTIMORE CITY OR | | OF DEATH | |
| Maryland | | U.S.A. | WIDOWE | | ORCED T | Baltimore | Cou | ntv | ^ |
| 10 CITY OR TOWN OF E | | NAME OF HOSPITAL, N | URSING HOME C | | TUTION | 12a USUAL OCCUPATION | 7 | 126 KIND C | F BUSINESS C |
| Cockeysvi | ille | Broadmead | | | | Executive | ORKING (IF) | _ | urance |
| USUAL RESIDENCE (IF N | IURSING HOME OR OTHE | ER INSTITUTION GIVE RESIDENCE | BEFORE ADMISSION) | A 124 IN ICIDE CIT | V I II I I I CO | | in conr | 1 110 | ar ar roo |
| Md. | Balto | 13c. CITY OR | esville | 13d INSIDE CIT | NO 🔀 | 13801 York | | . 2103 | 38 |
| 14. FATHER'S NAME | | | | 15 MOTHER'S | MAIDEN NA | AE . | | | |
| Edward | MIDD | | | Nett | ie. | WIDDIE | Gol | dsbord | buah |
| 160 WAS DECEASED EV | | | SECURITY NO. | 17 INFORMAN | | ADDRESS | | | |
| (YES, NO OR UNKNOWN) | (IF YES, GIVE WA | | 20-6052 | Marc | aret l | <. Rossmar | ทา | San | ne |
| | | ne cause per line for (0), j | | 7 7 10 11 | , | | | | MATE INTERVAL |
| | in Ell | IDITIONS CONTRIBUTING | ract | NOT RELATED T | MED THE TERM | | Ob. IF YES | WERE FINDE | GS USED |
| THE DATE OF OPE | EATION | V | | | | | | 40000 | |
| 21s. ACCEPTURAS | UNDERLYING [] | THE TIME OF INJURY | DAY YEAR | Jir HOW INJ | URY OCCURR | TES NO NO NO NO NO NO NO NO NO NO NO NO NO | YES | | NO [] |
| Committee of the Commit | UNDERLYING. | THE TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | JI: HOW INJ | URY OCCURE | TES [] NO | YES | | |
| S STATEMENT WOLLD THE STATEMENT OF STATEMENT WOLLD THE STATEMENT W | CALZE OF DEATH | P.M. 71s PLACE OF INJURY | 19 | TH LOCATION | | TES [] NO | YES | | |
| A CONTRIBUTING [| CALZE OF DEATH | HOUR A.M. MONTH | 19 | 211 LOCATION | | TES NO NO NOTICE OF SOURCE OF | YES | MI TORPMIN | NO [] |
| MAITT WORK TO YELL ALTONOMY T | UNDERFYING COMMENT UNDERFORM THE UNDERFORM T | P.M. 71s PLACE OF INJURY | FECE FARM, ETC.) | TH LOCATION | 10.8.3 | ED TENHE NATURE OF PARTIES OF | e jojen je ko | COUNTY | NO [] |
| OR CONTRIBUTING [] IS STITUTE ACTION AT A TOTAL AT A T | UNDERLYING CAIZIE OF DEATH ACTIV. AL ERANAVEE! URRED (this hospital) | HOUR A.M. MONTH P.M. The PLACE OF INJURY (at Home STREET, FACTOR) of attended the deceased f | FECE FARM, ETC.) | TH LOCATION | 10.8.3 | TES NO NO NOTICE OF SOURCE | e jojen je ko | COUNTY | NO [] |
| OR CONTRIBUTING [] IS STITUTE ACTION AT A TOTAL AT A T | UNDERLYMAC COMMENT OF CHAPTER OF | HOUR A.M. MONTH P.M. The PLACE OF INJURY (at Home STREET, FACTOR) of attended the deceased f | FEEL FARM, ETC.) | 211 LOCATION STREET | 19 .8:3 our) opinion (| ED (INTENATION OF THE ORIGINAL | e jojen je ko | COUNTY | NO [] |
| OR CONTRIBUTING [JE STHERE, MOTHER A THE INJURY OCCU WHILE WITH AT INCOME AT INCOME THE GOOD OF THE GOOD OTHERS AND THE GOOD O | UNDERLYING | HOUR A.M. MONTH P.M. The PLACE OF INJURY (at Home STREET, FACTOR) of attended the deceased f | FEEL FARM, ETC.) | THE LOCATION SHEET | 10.8.3 | ED TENHE NATURE OF PARTIES OF | WES NOT THE PARTY OF THE PARTY | COUNTR | NO [] |
| OR CONTRIBUTING [10 stitute incident in the contribution of the | UNDERLYING | HOUR A.M. MONTH P.M. The PLACE OF INJURY (at Home STREET, FACTOR) of attended the deceased f | FEEL FARM, ETC.) | THE LOCATION SHEET | 19. 6:3 our) opinion o | ED TENHENATURE OF PRIDE OF THE MEDICAL STAFF | WES NOT THE PARTY OF THE PARTY | COUNTR | NO [] |
| OREOMERBUTHS [# STHER ACTIVE AT AT AT AT AT AT AT AT AT AT AT AT AT | UNDERLYING | HOUR A.M. MONTH P.M. The PLACE OF INJURY (at now. STEEL FACTOR) of attended the document of the president death. | TOPH TO OT | 211 LOCATION STREET ON THE IMPLICATION DEGREE AT PP 22e. ADDRESS | 19 63 DUF) OSHINDH (TENDING HYSICIAN | ED TENHENATURE OF PRIDE OF THE MEDICAL STAFF | YES NICE OF THE PARTY OF THE PA | COGNER CONTROL TO COGNER COGNE | NO [] Well to Signed Market |
| STATE OF THE PROPERTY OF THE P | UNDERLYING COME OF AFFE | HOUR A.M. MONTH P.M. The PLACE OF INJURY (at now. STEEL FACTOR) of attended the document of the president death. | TOPE OF OR | 211 LOCATION STREET ON THE IMPLICATION DEGREE AT PP 22e. ADDRESS | 19.83 TENDING HYSICIAN Pape | TES NO SED TENHE NATURE OF SCHOOL OF THE CONTROL OF | YES NICE OF THE PARTY OF THE PA | country and from the 27st DATE | NO [] Well to Signed Market |
| OREOSTRIBUTEG [OF OTHER PAINT OCC THE INJURY OCC AT WORL WO AT WORL WO AT WORL WO The ESTATURE The E | UNDERLYING COME OF AFFE | HOUR A.M. MONTH P.M. The PLACE OF INJURY (AT HOME STREET, FACTOR), Of attended the deceased f with the Markey death anzaro M. | D. | od bat in imy) le DEGREE AT PH 124. ADDRESS 3313 | TENDING HYSICIAN Pape REMATORY | MEDICAL STAFF DIRECTOR DIPHYSICIA 2736 LOCATION CITYORTOWN Baltimol | with the real state of the rea | COUNTY | that (t) we) It to we shall do not state Md . |
| The Industrial And In | UNDERLYING | The PLACE OF INJURY (at how, STREET, FACTOR) of attended the deceased of the part of the p | D. | DEGREE AT 124. ADDRESS 3313 EMETERY OR CE | TENDING HYSICIAN Pape REMATORY | TES NO SEED TENTER VALUE OF SUPER OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFI OWN | with the real state of the rea | COUNTY | that (t) we) It to we shall do not state Md . |

DHMH - 16 50M 4/B3 (VRA 15, 4)

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The control of the co THE RESIDENCE OF THE PARTY OF T de Transfer and AND A TRANSPORT OF THE PARTY OF All and the second of the seco

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAPHYGTENE TATE CERTIFICATE OF DEATH

26512

| 1 | | REGISTRAR | | | CERTIF | CATE OF DEATH | | REG. NO | ο. | | |
|----|---------------|--|----------------------|----------------------------------|--------------------|------------------------|------------|---|---------------|-------------------|----------------------------------|
| 1 | | CEASED NAME FIRST | M | IDDLE | 0 1 | 151 | / 20 | . DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| 1 | (IIPE | Louis | 5 | 5. | Roto | rschild | | 10 | 2 | 84 | 12°5M |
| 1 | 1. SEX | | 4 RACE |) -1 | 5. DATE O | | - | AGE TIN YEARS LAST BIRT | (HDAY) | MONTHS DAYS | IF UNDER A HRS |
| | | MAle | WH | 2110 | JUNE | 16, 1900 YEA | | 84 | YRS. | | HOURS MIN. |
| n | ra BIS | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNT | RY? 8. | NEVER MARRIE | 9 | BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| | 1 | POLAND | U.S. | | WIDOWE | D DIVORCE | D 🗌 | BALTIMORE | | | MD. |
| | Te. CI | TY OR TOWN OF DEATH | | OSPITAL, NU FACILITY, GIVE ST | | R OTHER INSTITUTIO | (1 | USUAL OCCUPATION TYPE OF WORK FOR MOST O | F WORKING LI | | F BUSINESS OR |
| 1 | - | ANDALLSTOWN | BALTIMO | | | RAL HOSPI | TAL | PROPRIETOR | 3 | | CO. |
| 1 | la. S | AL RESIDENCE (IF NUR IN 1991 OF TATE | | 13c. CITY OR 1 | EFORE ADMISSION) | 134 INSIDECITY LIM | ITS? 13 | e.STREET ADDRESS | ZIP COD | 2121 | 15 |
| 2 | terred to be | ARYLAND | | BALT | IMORE | YES X NO | | 900 PARK I | HEIGH | IS AVE.A | APT. 212 |
| А | JE FA | THER'S NAME | WIDDIE | LAST | 100 | 15 MOTHER'S MAID | ENNAME | MIDDLE | | LAS | T |
| U | | | | ROTHS | SCHILD | EVE | LYN | | | UNKNO | DWN |
| 6 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 16b. SOCIAL S | SECURITY NO. | 17. INFORMANT | | ADDRE | SS | | |
| 4 | | NO | | 212-1 | 4-1862 | IRVIN ROTI | HSCHI | LD 3407 FI | ANNE | | |
| | | 18 CAUSE OF DEATH (Enter of | | ine for (o), (b | ond (c).1 | P | | | | BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| Н | | PART I. DEATH WAS CAUSE IMMEDIA | TE C AUSE (o) | //. | reles | nonea | 8 | | | | |
| Н | 100 | | DUE TO OR | AS A CONSE | QUENCE OF | | | | | | |
| | | Conditions, if ony, which | ((b)_ | | | | | | | | |
| П | | gove rise to immediate couse (a), stating the | DUE TO OR | AS A CONSE | OUENCE OF | | | | | F. (1) | |
| | | underlying couse lost. | (6) | AS A CONSE | OOLIVEE OF | | | | | | |
| | | PARL OTHER SIGNIFICANT | CONDITIONS CO | NTRIBUTING | TO DEATH BUT | NOT RELATED TO TH | ETERMINA | ALDISEASE OR CON | DITION GI | VEN IN PART TIE | 7 / |
| | CERTIFICATION | Coronau | - cris | ulp | i cien | - , - | sal | ele , | pr | un so | 2010 |
| 7 | CAT | 190 DATE OF OPERATION | 196 CONDIT | ION/ OLIVI | TICH OPERATION | WESFERFORMED | | 200 AUTOPSY? | 20b. IF YE | S, WERE FINDIN | |
| | TIFE | | | / | | | | YES NO | | ES 🗍 | NO 🗆 |
| | GE | 210. ACCIDENT WAS UNDERLYING | LIGHT A A | | DAY YEAR | 21c. HOW INJURY C | OCCURRED | (ENTER NATURE OF INJUI | BI MATI WI YE | PART I OR PART 2) | |
| | CAL | OR CONTRIBUTING CAUSE OF DE | 1111 | | 19 | REST IN THE | | | | | |
| | MEDICAL | 214 INJURY OCCURRED | 21e PLACE C | F INJURY | SICE EARM SIC) | 211 LOCATION | | CITY OR TO | WN | COUNTY | STATE |
| | 2 | WHILE NOT WHILE AT WORK | (A) NONE, SINE | LI, FACIONI, ON | ince, ranni, ere j | | | | | 30.0 | |
| 11 | | 22a 1 certify that (I) (this hasp | | deceased tra | omm | , 19 | 80 | , to 10- | 2 | 4 | that we) lost |
| 7 | 7 | sow the deceased alive or obove (1) (we (did) (did no | of) view the body of | ofter death. | 19 7, on | d that in (my) (our) o | pinion dea | oth occurred on the de | ote and ha | ur and from the | couses stated |
| | | 27b. SIGNARUM | 1 | - | 1 | DEGREE | 10/4 | | | 22c. DATE | SIGNED |
| | | Hacer | 108 | 84 | 11 | ATTEND PHYSIC | IAN DE | MEDICAL STAF | | 10-2 | 2-84 |
| | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | U0 200 | 22e ADDRESS | / | 2 , | - 7 | 1,4139 | |
| | | HAROLD | B, | BUB | | 7220 | 60 | ark He | 4h | 15 21 | ref |
| | | URIAL, CREMATION, REMOVAL | 236. DATE | | 23c NAME OF C | EMETERY OR CREMA | TORY | 23d LOCATION | 1 | COUNTY | STATE |
| | В | WRIAL | 10/4/8 | | AITZ CHA | | | BALTIMORI | 3 | MARYLA | |
| | 24 FL | | LEVINSO | | OS., INC. | | So. DATE R | EC'D. BY REGISTRAR | 25h REGIS | TRAR'S SIGNAT | URE |
| | 60 | 10 REISTERSTOW | N RD. BAI | LTIMOR | E, MARYLA | ND 21215 | UUI | 5 1984 | Juna | Davidson-V | fandede |

DHMH - 16 50M 4/83 (VRA 15, 4)

150000 All the second of the second o TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buxial-transit permit. Then please remove carbompopers. Pages I and 2 shauld be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

Page 4 may be

STATE OF MARYLAND

| - | .0 | -48 | -40 3 | ~ 3 |
|-----------|------|------|-------|-----|
| 63 | fra. | June | / | - 4 |
| 2 | | 3 | 8 | 3 |
| - Country | | - | - | - |
| | | | | |

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES

| - | STATE REGISTRAR | | | CERTIF | CATE OF DEATH | REG. NO | | | |
|----------|---|-------------------|-------------------------------|---------------|--|----------------------------------|--|--------------|-----------------------------------|
| | CEASED NAME FIRST | MID | DLE | | | 20 DATE OF DEATH | | | 26 HOUR |
| | JANET | | | RUBI | · | OCTOBER | | 12:01A | |
| 3. SE | | 4 RACE | | 5 DATE O | | 6 AGE (IN YEARS LAST BIR | (HDAY) IF I | UNDER I YEAR | IF UNDER 24 HRS |
| | FEMALE | WHITE | | SEP | T. 3, 1899° | 85 | YRS. | | |
| 7a Bi | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WE | HAT COUNTRY | Y? 8 MARRIED | Q NEVER MARRIED | 9 BALTIMORE CITY O | _ | | |
| N | lew York | USA | | WIDOWE | DIVORCED [| | ORE COL | JNTY | м |
| | ITY OR TOWN OF DEATH NDALLSTOWN | | | | ROTHER INSTITUTION FER-RANDALLST | 120 USUAL OCCUPATE OWN HOUSEW | | IZE. KIND C | HOME |
| 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COU | | WE RESIDENCE BEFORE SOW INGS | | 138. INSIDE CITY LIMITS? | 131 STREET ADDRESS R | ZDGE ^{DE} DI | R. #2 | 21117 |
| 14. F./ | ATHER'S NAME GOTTLIEB | MIDDLE L | IEBERMA | AN | 15. MOTHER'S MAIDEN NA BETSY | WE | | NASI | i |
| 16a V | WAS DECEASED EVER IN U.S. A | | SOCIAL SE | | 17 INFORMANT MRS. | MARIAN BUS | HEL | | |
| N | (IF YES, GI | IVE WAR OR DATES) | 071-32- | -6893D | 1 VELVET RID | GE DR. OWI | NGS MII | LLS. N | MD 2111 |
| CATION | | | ITRIBUTING TO | O DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra | | | | |
| XII. | 190 DATE OF OPERATION | 196 CONDITIO | ON FOR WHIC | CH OPERATION | N WAS PERFORMED | YES NO X | 206 IF YES, V IN CERTIFYIN YES [| G CAUSES | NGS USED S OF DEATH? NO [] |
| CAL CERT | ? To, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE | HOUR A.M. | MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM IS PART | I OR PART ?) | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF | FACTORY, OFFIC | E, FARM ETC) | 211 LOCATION STREET | (ITY OR TO | WN | COUNTY | STATE |
| | 220.1 certify that (1) (this hasp saw the deceased alive a above (1) (we) (did) (did n | n | 19 | | d that in (my) (aur) apinian | | | | that (1) (we) la causes stated |
| | 226. SIGN ATURE | Ciril | eng is | | 4 | MEDICAL STAI | | 22107 | 19784 |
| | 22d. PHYSICIAN'S NAME (TYPE | | | | 27e ADDRESS | | | | |
| | JEROME | GINSBERG, | M.D. | | 5310 OLD CO | URT RD., Ra | ndal1st | own, | Md. (211 |
| 23a. I | BUR REMOVATO N, REMOVA | L 23b. DATE | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | OUNTY | STATE |
| 1 | BURIAL | OCT.21, | 1984 F | RETH DAY | VID CEM | ELMONT, L | T. N.Y | 1 | STATE |

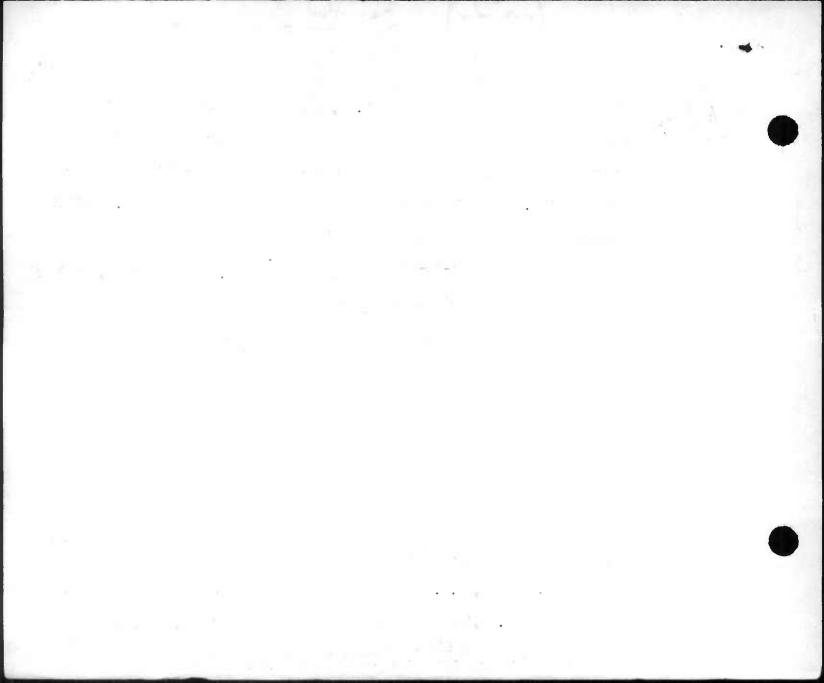
(21215)

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTIMORE, MD.

BP.



FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1 | D | 2 | REGISTRAR | | CERTIFICATE OF E | EAIN | REG. NO. | | |
|-----------------------------------|--------------|---------------|--|--|--------------------------------------|-------------------------|--|--------------------------|------------------------------|
| lead | | | CEASED NAME FIRST ROBER | RT F, | RUSSE | L.L. 20 | DATE OF DEATH MONT | 13.1984 | 4 AM |
| a later c | - | 3. SE | MALE | WHITE | 5 DATE OF BIRTH MONTH DAY 9 29 | YEAR O 6 A | AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN |
| A | 36 | C | OUNTRY) ISTATE OF FOREIGN | USA. | MARRIED NEVER / | VORCED | BALTIMORE CITY OR CO | Property . | MD. |
| Popular | 0 | C | ARNEY | 4 TADMO | RECTION | 1234) 17 | USUAL OCCUPATION FOF WORK FOR OT OF WORK MAY EAL | | Shing Co |
| hould be | 36 | 13a. S | | | OWN 13d INSIDE C | NOX 4 | TA DIMORE | E OT AI | PT/03, |
| 196 | 100 | | FRANCIS | MIDDLE , RUST | sell all | s malden name ber Ta | | SKFU | ch. |
| n. Poges | / medico | 16a V | WAS DECEASED EVER IN U.S. AR YES, NO OF UNKNOWN) (IF YES, GIVE | | 82909 Na | | Russ & | | |
| onpoper removal. | event. th | | PART I. DEATH WAS CAUSE | nly ane cause per line (21), (b) D BY: TE CAUSE (0) | ule Tryor | ardia | Usche | ma Ca | MATE INTERVAL ONSET AND F |
| remove carb ematian, ar | er traumatie | | Conditions, if ony, which gave rise to immediate cause (a), stating the | DUE TO, OR AS A COASE | GENCE OF | arte | resclero | tic base | ular. |
| gned by en please burial, a | ıry, ar ath | _ | underlying cause last. PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING | TO DEATH BUT NOT PELATED | | | ON GIVEN IN PART 110 | , |
| rmit. The | ou intro | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR WH | ICH OPERATION WAS PERFO | RMED : | 20a AUTOPSY? 20b. | IF YES, WERE FINDIN | |
| sit pe | | RTIF | | | | | YES NO | YES | NO [|
| rial-tran | tem 18 s | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | | DAY YEAR | JURY OCCURRED | JENTER NATURE OF INJURY IN IT | EM 18, PART 1 OR PART 2) | |
| s the bu | rked or | MEDICAL | 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFF | ICE, FARM, ETC.) 211 LOCATIC STREET | DN . | CITY OR TOWN | COUNTY | STATE |
| for use of of Health | 21 із та | | 22a I certify that (I) (this hospi | V 184 1 1-0 | (11) | (ou) apinion deat | toh occurred an the date ar | | that (I) (Ne) last |
| detached are Dept. | E # # | | 22b. SIGN 100 Na | sik m | | | STAFF RECTOR PHYSICIAN | 22c DATE | 13/84 |
| should be d | MPORTANI | | FRANK T | KASIK | TR MID 270 ADDING | 1005 | HARFO | RD R | d' |
| - 50 > | 2 | 1: | Burial, CREMATION, REMOVAL SPECE Burial | | Parkwood | 7 : 3 | Balto., | Balto., | MD |
| 0M 1/73 5 (4)} | | | hmeC. Miller | , Inc. 6415 | Belair Rd. | 250 DATE REC | 1 6 1984 | EGISTRAR'S SIGNATI | |

DHMH-16 60M 1/73 (VR A 15 (4))

Programme and the second of th Mary with the Mary Mary Mary St. March of the state of the state of the The rate growing and a town his one - wingless Haffeller Ward in Cartines we have been the Marin males. 181 01 T.W.

deoth. Page 4 may be executed within 24 hours ofter requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physican and completely tilled a by should be detached for use as the burial-transit permit. Then please remove corbonpoints. Pages 1 and 2 thould be tilet with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removes.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event the medical science

7

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

| 4 | | REGISTRAR | | REG. NO | D. | | | | | | |
|---|---|--|---|--|------------------------|-------------|---|---|-------------|--------------------|--|
| | | CEASED NAME FIRST | T Rychusolch | | | F 14 | 26. DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | | |
| 1 | JAMES | | , , , , , , , | chu | 14/3/61 | | 105 | 10 015 | NDER I YEAR | IF UNDER 24 HRS | |
| | 3. SEX | MALE | 1. RACE VVbitE | S. DATE C | | YEAR /5 | 69 | YRS. MON | | HOURS MIN. | |
| | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIEI | ARRIED A NEVER MARRIED | | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| 2 | 11 | MARYLAND | MINI U.S | WIDOWE | | ORCED [| Cou | nty | | MD. | |
| 3 | 10 CI | TOWSON | | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | | 126 USUAL OCCUPATION TO THE THE THE THE THE THE THE THE THE THE | | | | |
| - | USUA | | OTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) | 1121 | | NEITRE | 9 | 10 | 222 | |
| 1 | 130. S | nD. BA | LTIMORA ROSED | ALE | | 10 🔀 | 5603 D | ZIP CODE | IK A | VE #6 | |
| 1 | 14. FA | FATHER'S NAME FIRST VINCENT RYCHULASKI MARYANNA CHMIEL IAST IAS | | | | | | | | | |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | JRITY NO. | 17 INFORMAN | | ADDRE | SS | 11/4/11 | 1 1 | |
| | (1 | (ES, NO OR UNKNOWN) (IF YES, GIV | 212 01 | 9391 | MARY | RYCHU | VAISKI 5 | 6030 | 44BRE | AKAVE | |
| 9 | | PART I. DEATH WAS CAUSE | ily one couse per line for (o), (b), or D BY TE CAUSE (a) | fel A | ent. | 440 | PARNIA | IN | BETWEEN | MATE INTERVAL | |
| d | | IMMEDIAI | 100 | Pello | HONAN | 1/6 | 4 bolisse | | - Carp | | |
| | | Conditions, if any, which | DUE TO, OR AS A CONSEQU | 110 | Mleli | Teite | ((12) | Yon | | | |
| | | gove rise to immediate couse (a), stating the | THE TO ON AS A CONSCIOU | cuert. | 1 | 0 | | - | 5000 | | |
| | | underlying couse lost. | DUE TO, OR AS A CONSEQUE | 1 | hu | 1 | | V | | MITE OF | |
| | Z | PART 2 OTHER SIGNIFICANT O | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED T | THE TERMIN | NAL DISEASE OR CON | DITION GIVEN | IN PART 110 |) | |
| 7 | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | MED | 20e AUTOPSY? | 206 IF YES, W | | | |
| | TIFE | | | | | | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO NO | | | |
| 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 110110 111 11011111 0 | AY YEAR | SIC HOW INJ | URY OCCURRE | D (ENTER NATURE OF INJUI | RY IN ITEM IS PART | OR PART 2) | | |
| | CAL | (IF EITHER NOTIFY MEDICAL EXAMINER | 101 | 19 | | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM ETC 1 | 21f LOCATION | 1 | CITY OR TO | WN | COUNTY | STATE | |
| | ~ | AT WORK AT WORK | | | | | | | | | |
| | | | tol) attended the deceased from | | • | | | | | that (I) (we) lost | |
| | sow the deceased alive an, and that in (my) (bur) opinion death occurred on the date and hour and from the cause obove, (1) (we) (did) (did not) view the body after death. | | | | | | | | | couses stated | |
| | | | | | | | | | | SIGNED | |
| | | 1/ | 11 | | PI | | DIRECTOR PHYSIC | | | 1155 | |
| | | 22d. PHYSICIAN'S NAME (TYPE) | PPANI) | _ | The ADDRESS | · show | v pn - | Talenda | 1 000 | 2001 | |
| | 22 0 | 3/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | KATTIM, III | <i>D</i> | 162 | 9011 | | owson | טתן | 21204 | |
| | 23a. B | DURIAL PROVAL | 10/29/1984 S | 7. SP | ANIS A | CLS | BAKTIA | ORE | YTMUC | mb. | |
| | 0 | INERAL DIRECTOR PACT | PAULSKI 1859. | SIFE | TOP | OCT | 2 6 1984 | The REGISTRAN | S SIGNA | URE DE | |
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STATE OF MARYLAND

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 migretained by the haspital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complities yillind in the formal frequents should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 min 2 should the little and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Nem 21 is marked at them 18 shaws any injury, at other traumatic event, the medical, minimal must be result to a contract of the second of the |
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| DIVISION OF V | TO HOSPITAL OR ATTENDING PHYSICIAN: The I | TO FUNERAL DIRECTOR: After this certific should be detached for use as the burial-trawith the State Dept. of Health and Mental P | IMPORTANT: If them 21 is marked or them 1 |

STATE OF MARYLAND

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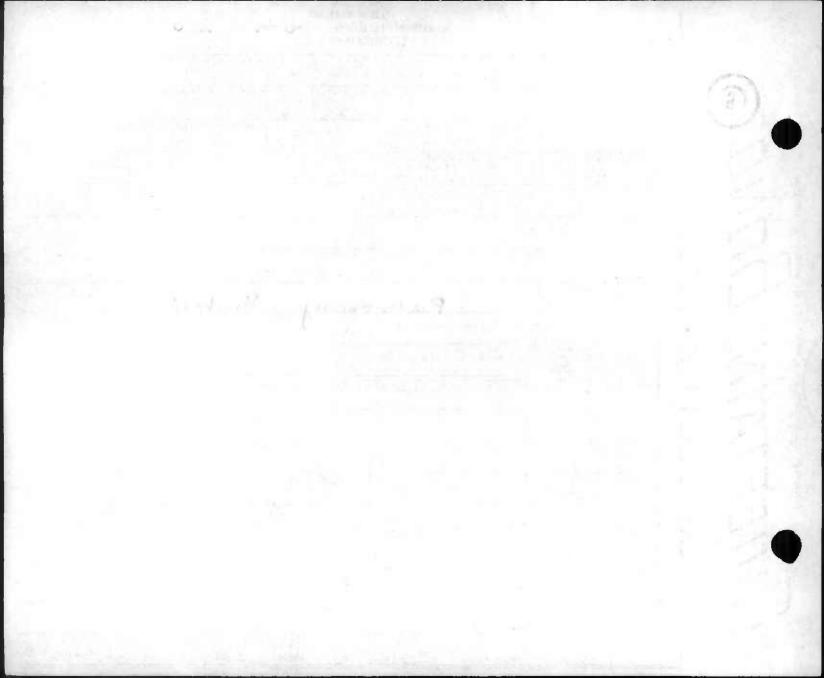
| | 1 - | STATE REGISTRAR | | | DEPAR | | ICATE OF DEATH | | WE | REG. NO |) | | | |
|---|---------------|---|---|-----------------------------|---|-------------|---|--------------|----------------------------|------------------|------------|---------------------------------|-------------------------------------|------|
| | | CEASED NAME OR PRINTI | FIRST | | chath | er | LAST | 2 | a DATE OF | | HTMOM | DAY YEAR | 26 HOUR | 0 |
| | 3. SEX | MALE | 4 | RACE V | J | 5. DATE O | | | AGE (INY | EARS LAST BIRT | HDAY) YRS. | IF UNDER I YEAR | IF UNDER 24 HI HOURS MI | |
| 1 | C | RTHPLACE (STATE OR I | | u | WHAT COUNTRY | WIDOW | | | (| Oum | Ly | Y OF DEATH | | MD. |
| 1 | C | 3 cul bo | | TAN | H FACILITY, GIVE STRE | ET ADDRESS) | or other institution | | 2a USUAL (TYPE OF WORK | | | | OF BUSINESS (| OR |
| 7 | 13a S | Md. | 13b COUNTY | | 13a. CITY OR TO | WN | 13d. INSIDE CITY LIM | | | address ng Gr | | tonsvill Hosp. | le, Md. 21228 | |
| 1 | | THER'S NAME FIRST Charles | MID | DLE | LAST | | 15. MOTHER'S MAID FIRST Mary | EN NAME | | MIDDLE Jane | 20 | Hu | dson | |
| | | vas deceased ever es, no or unknown) Unkn. | IN U.S. ARME (IF YES, GIVE W | | 166 SOCIAL SEC 229-01- | | Mr. Ceci | l Sha | affer | ADDRE | G | ws, Va. | ivery | |
| | CERTIFICATION | Canditians, if any, gave rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA | nediate ig the last. NIFICANT CO | (c) NDITIONS_CO | | DEATH BUT | NOT RELATED TO TH | IE TERMIN | IAL DISEASI | | 20b. IF YE | IVEN IN PART 1(| NGS USED | = |
| 1 | ERTIF | 210. ACCIDENT WAS UNI | DERLYING | 21b TIME O | | | 21c. HOW INJURY (| OCCURRED | YES O (ENTER NA | NO | Y | ES 🗌 | NO 🗌 | _ |
| | MEDICAL | OR CONTRIBUTING OF LIFE EITHER NOTIFY MEDI- 21d. INJURY OCCURI WHILE NOT WAT WORK AT WO 220.1 certify that (1) saw the decase above, (1) (we) (4) | CALEXAMINER) RED HILE RK (this haspital addressed alive an | P. 21e. PLACE (AT HOME, STR | OF INJURY LEET, FACTORY, OFFICE e deceased from | FARM, ETC) | 211 LOCATION STREET 2-5 - , 19 and that in (my) (our) or | Sapinian dec | , taath accurre | CITY OR TOV | 7- | COUNTY, 19 84, our and fram the | STATE that (I) (we) I causes stated | last |
| | | 22b SIGNATURE | 46 | The body | marker death. | 1 | DEGREE M. ATTEND PHYSIC | | MEDICAL DIRECTOR | STAF | | 22¢. DATE | SIGNED | |
| | | 22d. PHYSICIAN'S N | AME (TYPE OR PI | e va | doss | 5 | 720. ADDRESS | 0/ | 1813 | 1 | m | sing | Hen | e |
| | | URIAL, CREMATION, SPECIFY) Remov | | 23b. DATE 10/7/ | | NAME OF | EMETERY OR CREMA | TORY | 23d. LOCA | TION OR TOWN | | COUNTY | STATE | |
| | 24 FU | NERAL DIRECTOR | | | ADDRESS | | | | REC'D. BY R | | | TRAR'S SIGNAT | TURE | |

Balto., Md.

DHMH-16 30M 2/80 (VRA 15, 4)

Anatomy Board

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completely filled in by the funeral director, page 3 ; 1 and 2 should be filed within 72 hours ofter death

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DEPARTMENT OF HEALTH AND MENTACHYGIENE

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STATE OF MARYLAND

| 1 | 1- | FOR STATE REGISTRAR | | | HEALTH AND MENTACHYG FICATE OF DEATH | FENE REG. NO | 3 / 6 | , |
|----|---------------|---|-----------------------------|---|---|--------------------------------|--|--|
| ı | | EASED NAME FIRST | | MIDDLE | LAST SCHAPIRO | | AONTH DAY YEAR | 2b HOUR |
| ı | (1AbE | ORPRINTI ARRA | HAM | B co | 111111111111111111111111111111111111111 | | 10 27 84 | 2.00 Pm. |
| ı | 3. SEX | | 4 RACE | 5. DATE | OF BIRTH 1907 | 6 AGE (IN YEARS LAST BIRTH | | |
| J | | Male | WHITE | NOV | | 76 | YRS DAY | S HOURS MINL |
| 1 | 7a. 816 | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? 8. | 1 011 | 9. BALTIMORE CITY OR | | |
| d | | MARYLAND | US | | ED NEVER MARRIED VED XX DIVORCED | BALTIMOR | F COUNTY | MD |
| 1 | | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSING HOME | | 12a USUAL OCCUPATIO | N 12b. KIND | OF BUSINESS OR |
| 0 | | NDALLSTOWN | BALTI | MORE COUNTY G | | PHARMAC | IST INDUSTR | STORE |
| | 13a. S M | ARYLAND 13b. COU | | BALTIMORE | 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 3312 JANV | | #21207 |
| S. | 14. FA | THER'S NAME HYMAN | MIDDLE | CHAPIRO | 15 MOTHER'S MAIDEN NA | ME | JACO | BS |
| 1 | 16a W | AS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECURITY NO | | BOBBI SCHAPIS | RO | |
| ı | (1 | ES MOOR UNKNOWN) (IF YES, GI | VE WAR OR DATES | 218-32-0701 | 3312 JANVAI | LE RD. BA | LTO., MD | 21207 |
| ı | | II. CAUSE OF DEATH (Enter o | nly one couse per | line for (o), (b), and (c).) | | | APPR BETWE | OXIMATE INTERVAL IN ONSET AND DEATH |
| ı | | PART I. DEATH WAS CAUSI | ED BY: TE CAUSE (o) | Cardiai an | est. | | | |
| ı | | | DUE TO, O | R AS A CONSEQUENCE OF | • | | | |
| ı | | Conditions, if ony, which | ((b) 5 | Sepatoma. | | | | |
| 1 | | gave rise to immediate couse (a), stating the | DUE TO, O | R, AS, A CONSEQUENCE OF | | | | |
| ı | | underlying couse lost. | (c) 15 | Alheroschuris | Heart disea | re. | | |
| ì | | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO DEATH BU | IT NOT RELATED TO THE TERM | AINAL DISEASE OR COND | ITION GIVEN IN PART | 110 |
| 0 | CERTIFICATION | | | | | | | |
| A | CA | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH OPERATION | ON WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINI IN CERTIFYING CAUS | |
| 1 | RTIF | | | | | YES NO | YES 🗌 | NO [] |
| | | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ☐ CAUSE OF OR | | FINJURY M. MONTH DAY YEAF | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART 2 | " |
| ı | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | R) P. | | | | | |
| ı | WED | 214. INJURY OCCURRED | 21e. PLACE (AT HOME, STE | OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) | ZII LOCATION STREET | CITY OR TOW | n COUNTY | STATE |
| 1 | | AT WORK AT WORK | | 13/1- | 100 | Ve 13 - | | |
| ı | | 220 1 certify that (1) (this hasp sow the deceased alive of | / 0 | - 0110 | 19 | | 19.49 | _, that (I) (we) last |
| ı | | obove, (I) (we) (did) (did no | | ofter death. | and that in (my) (our) opinion | deoth occurred on the dot | | |
| ı | | 276. SIGNATURE | wast 7 | nD. | DEGREE ATTENDING | MEDICAL STAFF | - 10 | TE SIGNED 127/84 |
| 4 | | 224 PHYSICIAN'S NAME CTYPE | OR PRIVITY | | PHYSICIAN [| DIRECTOR PHYSICIA | AN [] | 27 07 |
| | | | SHA | FI | BCGH - RANDA | ALLSTOWN, MD | | |
| | 23a. 8 | URIAL, CREMATION, REMOVAL SPECIFY) BURIAL | | | CEMEJERY OR CREMATORY HAIM | BALT MORE | COUNTY | ARYLAND |
| ł | 24 FU | INERAL DIRECTOR SOL | LEVINSON | & BROS., INC. | 25a. DAT | E REC'D. BY REGISTRAR 2 | | |
| | 60 | 10 REISTERSTOW | N RD. B | ALTO, MD 21 | 215 00 | T 3 1 1984 | waydoon | -yandell |
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DHMH - 16 50M 4/83 (VRA 15, 4)

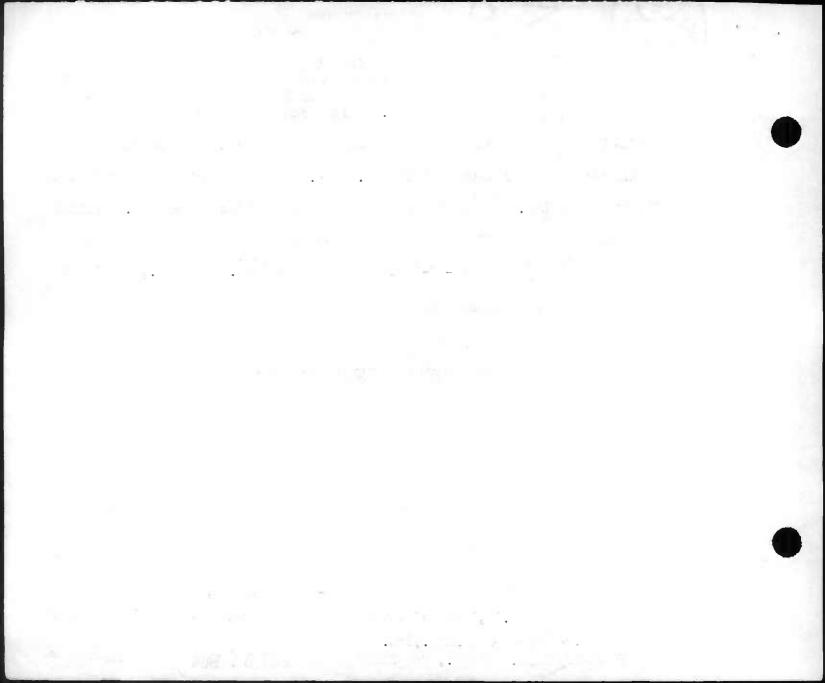
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coishould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the



| _ | | FOR |
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| 1 | - | STATE |
| | | REGISTRAR |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT & HYGIENE

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| 1. | REGISTRAR | | | | CERTIF | FICATE OF DEATH | REG. | NO. | | |
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| | ECEASED NAME PE OR PRINT! | SIE | 1 | E . | SCHL | JSTER | 20 DATE OF DEATH | | 20 84 | 6:00AM |
| 2.00 | | ,0,1 | 4. RACE | ъ. | | OF BIRTH | 6. AGE LIN YEARS LAST | | IF UNDER I YEAR | ₩ WNDER 24 HRS |
| 3. SI | Female | | White | | MONT | | 97 | YRS. | MONTHS DAYS | HOURS MIN. |
| 7a. E | BIRTHPLACE (STATE OR COUNTRY) Maryland | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY | (? 8 | D NEVER MARRIED | 9 BALTIMORE CITY BALT I | OR COUN | | MD. |
| 10. 0 | TOWSON | ATH | | | | RLES ST. | 12a USUAL OCCUPA (TYPE OF WORK FOR MOS Secretary | TOF WORKING | | OF BUSINESS OR |
| 13a. | JAL RESIDENCE (# NUR! STATE aryland | 13b COUN | | GIVE RESIDENCE BEFO 13c. CITY OR TO Baltin | WN | 13d INSIDE CITY LIMITS? YES MO | 3501 St. | ZIP COI Paul | St. 212 | 218 |
| 7 | harles | | C. | Schus | ster | 15. MOTHER'S MAIDEN NAME Elizabeth | MIDDLE | | Barro | |
| No. | WAS DECEASED EVER (YES, NO OR UNKNOWN) O | | MED FORCES? YE WAR OR DATES) | 213-03- | | Pickersgill | | To Ches | | 21204 |
| CERTIFICATION | part 2 OTHER SIGI | ng the lost. | (c) | | O DE ATH BUT | I NOT RELATED TO THE TERM ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF Y | EIVEN IN PART 10 ES, WERE FINDIN | NGS USED |
| RTIFI | | | | | | | YES NO | | YES 🗌 | NO [|
| MEDICAL CE | 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR | CAUSE OF DE | HOUR A. | M. MONTH | DAY YEAR | 21c HOW INJURY OCCURE | | | | |
| ME | | HALE C | | REET, FACTORY, OFFICE | E, FARM, ETC) | STREET | CITY OR | IOWN | COUNTY | STATE |
| | 22s.1 certify that (1) sow the decea above, (1) well | | | | | nd that in (my/Your) opinion of | , to to to the | dote and hi | . 19 <u>84</u> , our and from the | that (I (we) ast couses stated |
| | 17h SIGNATURE | - 9 | ~ | Sus | | DEGREE ATTENDING PHYSICIAN | MEDICAL ST | AFF SICIAN = | 10/2 | SIGNED |
| | DR. C | | MMINGS | | | GBMC 6701 | N. CHARL | ES S | T., TOW | SON MD |
| 23a. Bi | BURIAL, CREMATION, (SPECKY) urial | REMOVAL | | 3-84 | NAME OF C | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN Parkvil | Le, Ba | county | , Marylan |
| | FUNERAL DIRECTOR | 100 | The same | | 1050 | York Rd. 250 DAT | E REC'D. BY REGISTRA | AR 25 REGI | STRAR'S SIGNAT | URE |
| R | uck Towson | Funer | cal Home | Inc. | | ,Md.21204 | T 22 1984 | - Mia | Davidson-1 | fandelle |

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital or attending physician.

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STATE OF MARTLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

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| REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|--|--|--|---|---|
| 1. DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH D | AY YEAR 26 HOUR |
| | es G. Schwartz | | October 15, 1984 | 4 2 m |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Female | White | June 22,1933 | 51 YRS. | IONIHS DATS HOURS MIN. |
| Pa. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| Maryland | USA | WIDOWED DIVORCED | Baltimore County | У мD. |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | NG HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| IIo lothorno | 1818 Mayfield | | Waitress | food |
| | OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | | 1 1000 |
| 13a STATE 13b COL | | | 1818 Mayfield A | vonuo 21227 |
| Maryland Balt | imore Haletho | TOE YES NOXX | | venue 21227 |
| FIRST | MIDDLE | FIRST | MIDDLE | LAST |
| Joseph Graves | | MAry Stone | ADDRESS | |
| 160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES) | | | |
| No | 216-30- | ·1481 Mr. Charles | J. Schwartz 1818 | Mayfield Avenu |
| 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | only one cause per line for (a), (b), an | / | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | ATE CAUSE (0) Metastat | ic brain Tum | 01 | 11 months |
| 1 1 | DUE TO, OR AS A CONSEQU | ENCE OF , | | - 11 |
| Conditions, if ony, which | (Squomous | cell lung car | reinoma | 5 months |
| gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| underlying cause last | (c) | | | |
| | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVE | N IN PART Tra |
| Multiple 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | Scleros15 | | | |
| 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| Ě | | | YES NO YES | |
| 210. ACCIDENT WAS UNDERLYING | LICUID A M. MONITUL O. | | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | RT 1 OR PART 2) |
| OR CONTRIBUTING CAUSE OF D | | AT TEAK | | |
| (IF EITHER NOTIFY MEDICAL EXAMIN | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| WHILE NOT WHILE AT WORK | (AT HOME, STREET FACTORY OFFICE, | FARM ETC) STREET | CHY OR TOWN | COOMIT |
| | pital) attended the deceased from | 5/6 10 85 | 1 10 10/15 | that (I) (we) last |
| saw the deceased alive a | 5/30 19 | 84, and that in (my) (aur) apinian | death occurred an the date and have | |
| above, (I) (we) (did) (did r | nat) view the bady after death. | DEGREE | | 22c. DATE SIGNED |
| Burn fl | William de | MT ATTENDING | * MEDICAL STAFF ** DIRECTOR PHYSICIAN | 10/15/84 |
| 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 122e ADDRESS | 1 DIRECTOR PHYSICIAN | 10110101 |
| Dr. McCurdy | V | 1311 Franci | s Avenue 21227 | |
| | LON DATE | | | |
| 230 BURIAL, CREMATION, REMOVA | , | NAME OF CEMETERY OF CREMATORY Meadowridge Cemeter | 23d LOCATION CITY OR TOWN | COUNTY |
| Burial | 1 10/18/84 1 | readows ruge constes | Dorsev F | Howard Maryland |

DHMH - 16 50M 4/83 (VRA 15, 4)

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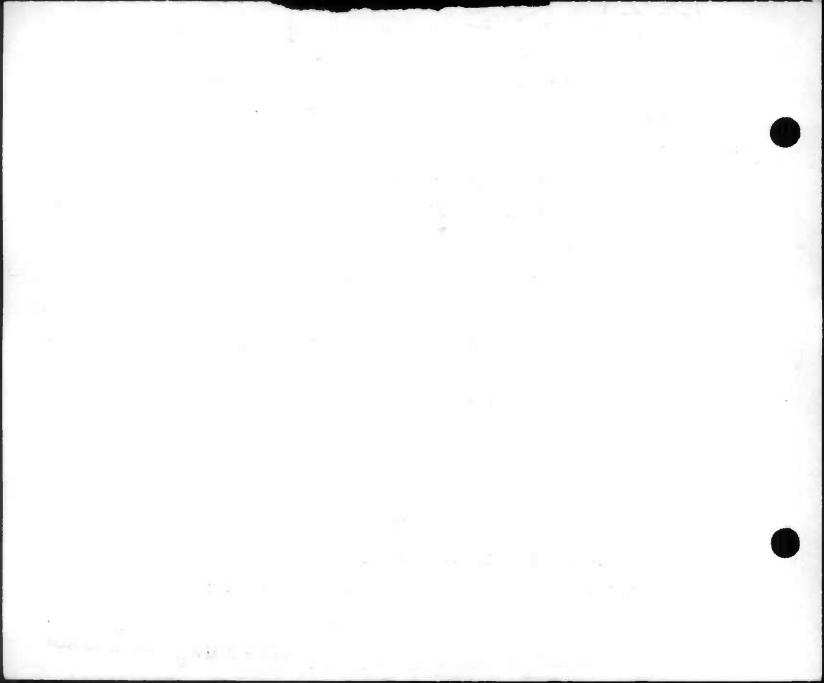
IMPORTANT: If Nem 21 is morked or Item 18 shows ony injury, or ather troumotic event, the

24 FUNERAL DIRECTOR

Ambrose Funeral Home 1328 Sulphur

ADDRESS

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| | ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may pital or attending physician. | JOR: After this certificate has been signed by the ottending physicion and completely falled in by the farmed director per for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be the director of the complete of the |
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| | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE |
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| | CERTIFICATE OF DEATH |
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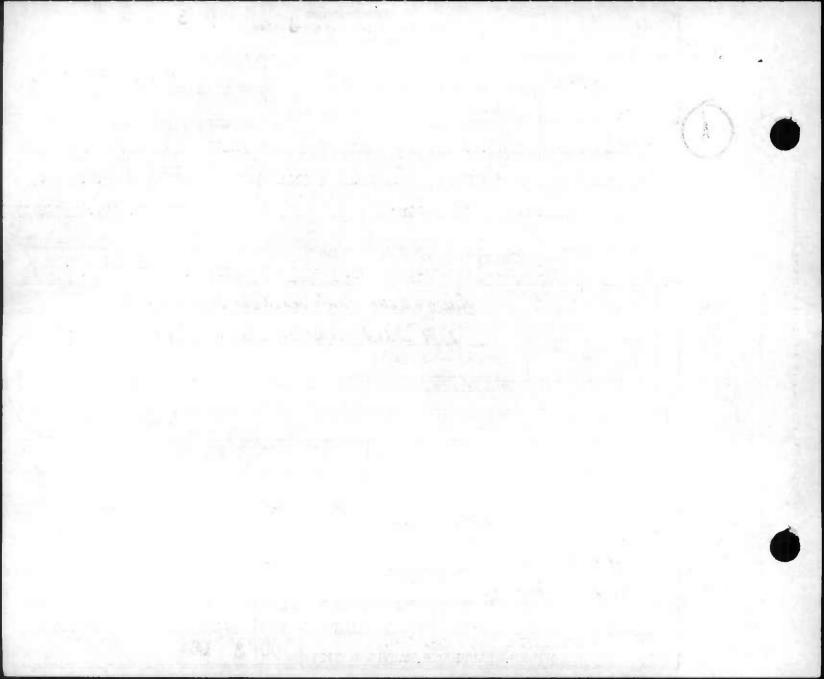
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FOR - STATE REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME MONTH YEAR 2b HOUR TYPE OR PRINT SCHWART ? LULIUS 10 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAD MALE 1898 WHITE AUGUST 86 O. BIRTHPLACE I STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) MARYLAND WIDOWEDXX DIVORCED BALTIMORE COUNTY CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 9706 SOUTHALL RD., APT U.S. ARMY RANDALLSTOWN USUAL RESIDENCE IN NUR 136 COUNTY 13e. STREET ADDRESS 13¢ CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE RANDALLSTOWN 9706 SOUTHALL RD., APT. MARYLAND NO TY 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MOSES OTTENHE IMER SCHWARTZ BERTHA 160 WAS DECEASED EVER IN 16b. SOCIAL SECURITY NO 17 INFORMANT MR. ROBERT SCHWARTZ, SR. 808 HO I YES, NO OR UNKNOWN) YES 218-26-3286 18. CAUSE OF DEATH (Enter anly one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a IFICATION 19g DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased fram saw the deceased olive on occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter deat DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN NAME ITYPE OF PRINT 22e ADDRESS LURNS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION STATE COUNTY BURIAL 10/2/84 HEBREW FRIENDSHIP CEM BALTIMORE 250. DATE RECID. BY REGISTRAR 256. REGISTRAR SIGNALIVE TO 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

DHMH-16 30M 2/80 (VRA 15, 4)

BP

should be detached O FUNERAL DIRE



executed within 24 hours of

requires that the death certificate be

attending physician.

OR ATTENDING ŏ

etained by the haspital TO HOSPITAL

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CEDTIEICATE OF DEATH

| | | CEASED NAME | FIRST | | WIDDLE | l | LAST | | 2a DATE OF | DEATH MON | TH C | YAC | YEAR | 26 HOUR |
|--|-----------------------|--|--|---|---|---|--|---|------------------------------|---------------------------------|--|---------------------------------|--------------------------|--|
| | (11772 | OR PRINT) | Petri | ta | T. | Sev | illa | | | 10 | 0 2 | 27 | 84 | 9.00 |
| | 3. SEX | X | | 4. RACE | | 5 DATE C | | YEAD | 6 AGE INYE | ARS LAST BIRTHDAY | | IF UNDER | | IF UNDER 24 |
| | | Female | | Whi | te | 6 | 29 | 03 ^{YEAR} | 81 | | YRS. | | UNITS | |
| B | 7a. BIF | RTHPLACE (STATE O | OR FOREIGN | | WHAT COUNTRY? | ? 8 | D NEVER | | 9 BALTIMO | E CITY OR CO | DUNTY | OF DE | ATH | |
| K | | Puerto R | ico | U.S. | Α. | WIDOWE | | NORCED [| Balti | more, | Cou | inty | , | |
| 10) | | TY OR TOWN OF D Parkvil | le | Valle | HOSPITAL, NURSII CH FACILITY, GIVE STREET EY VIEW N | TADDRESS) Nursin | | NOITUTION | (TYPE OF WORK | FORMOST OF WOR | | E) INDU | KIND OF USTRY Home | BUSINESS |
| 136 | USU A 13e. S | AL RESIDENCE (IF N | ISB CBU | Tto. | 130. CITY OR TOV | WN | YES 🗌 | CITY LIMITS? | 136 STREET A | DDRESS / ZIP Imont Ro | d. | 2 | 1093 | |
| 30 | I4.FA | Pedro | | WIDDLE | Texeira | a | | s MAIDEN NA rbina | ME | MIDDLE | | Со | rtez | : |
| 1 | 16a W | VAS DECEASED EVI | | MED FORCES? VE WAR OR DATES) | 085-07- | | Mrs. | | Rodsell | ADDRESS O Same | as | 13a | | |
| orner ro | | Conditions, if or gove rise to i couse (a), sta underlying cau | mmediate ting the | DUE TO, O | DR AS A CONSEQU | JENCE OF | af f | neu | mor | 1192 | | | | _ |
| ony injury, or order tro | CATION | gave rise to i couse (a), sta underlying cau | mmediate ting the ise last | conditions co | OR AS A CONSEQUE | DEATH BUT | mea | - / | MINALDISEASE V 6- 200 AUTO | tube | b IF YES | VERE | FINDING | lui, |
| nows any injury, or other fro | TIFICATION | gove rise to i couse (b), sto underlying cau PART 2 OTHER SI | mmediate ting the ise last | conditions co | ONTRIBUTING TO | DEATH BUT | mea | - / | VG- | tube | IF YES | VERE | FINDING | SS USPD |
| Constitution of the state of th | CERTIFIC | gave rise to it couse (a), so to underlying cau underlying cau. PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS LOR CONTRIBUTING | mmediate ting the ise last GNIFICANT (RATION INDERLYING [CAUSE OF DEA | CONDITIONS | ONTRIBUTING TO | DEATH BUT | DN WAS PERFO | ORMED | 200 AUTO | PSY? 20h | LER DE | WERE YING C. | FINDING AUSES C | S USPD |
| rked of frem to shows only injury, or other fro | MEDICAL CERTIFICATION | gove rise to it couse (a), sto underlying counderlying counderlying country of the country of th | Minediate ting the isse last GNIFICANT (RATION INDERLYING CAUSE OF DE LE CAUSE O | CONDITIONS | ONTRIBUTING TO AND ONTRIBUTING TO | DEATH BUT OPERATION | DN WAS PERFO | DRMED VJURY OCCUR | 200 AUTO | PSY? 20h | LER DE | WERE YING C. | FINDING AUSES C | SS USED OF DEATH NO |
| m z i is marked ar item to snows any injury, ar amer tra | 1 | gove rise to it cause (a), sta underlying cause (a), sta underlying cause (b), sta underlying cause (b), sta underlying cause (b), and cause (b), and cause (b), sta underlying (b), sta underlying (b), sta underlying (b), sta underlying (b), sta underlying (c), sta u | Minediate ting the isse lost. GNIFICANT (CATION INDERLYING CAUSE OF DE DICAL EXAMINES IRRED WHILE CONTROL (1) (the hospe on seed alive on | CONDITIONS | ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING OF INJURY NOT INJURY REEL, FACTORY, OFFICE deceased from 20 19 | DEATH BUT OPERATIO DAY YEAR 19 FARM ETC | 21c HOW II 21L LOCATI STREE | DRMED NJURY OCCUR | 200 AUTO | PSY? 200 NO DIVIDITION IN I | VESTILEM 18 PA | WERE YING C. S ART 1 OR P COU | FINDING AUSES CO | STA Stat (I) (mass state |
| NI: If item 2 15 marked or item 16 shows only injury, or amer ite | 1 | gove rise to it couse (a), so underlying counderlying counderlying country in the | Minediate ting the sise lost sise lost of the sise lost o | CONDITIONS | ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING OF INJURY NOT INJURY REEL, FACTORY, OFFICE deceased from 20 19 | DEATH BUT OPERATIO DAY YEAR 19 FARM ETC | 216 HOW II 211 LOCAT STREE | ORMED NJURY OCCUR ON 1 1 Our) apinion ATTENDING PHYSICIAN | 200 AUTO YES RED (ENTER NAT | PSY? 20h NO DIRE OF INJURY IN I | b IF YES CERTIFY YES IIEM IS PA | WERE YING C. S ART 1 OR P COU | FINDING AUSES C | STA STA STA STA STA STA STA STA |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbanpapers- Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

MPORTANT: If Nem 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical

| | STATE OF MARYLAND |
|-------|--|
| FOR | DEPARTMENT OF HEALTH AND MENT TO HYGIE |
| STATE | CERTIFICATE OF DEATH |

26583

| 1 - | STATE REGISTRAR | | | DET ARTI | | | F DEATH | | EG. NO. | | | | |
|---------------|---|----------------------------|-----------------|---|-------------------------------|--------------|--|--|------------------------|-------------|--------------------------|-------------------------------|-------------|
| | CEASED NAME OR PRINT) | Cather | | MyrIte | Sha | affer | | 20. DATE OF DE. | | 1, | 1984 | 2b. HOUR 3:00 | A M |
| 3. SE | Female | | RACE White | 9 | S. DATE C | d di | er 20,18 | 6. AGE (IN YEARS | | | UNDER LYEAR | IF UNDER 24 I | HRS MIN, |
| | RTHPLACE (STATE OR F COUNTRY) ennsylvan | | B. CITIZEN OF V | VHAT COUNTRY? | 8 | D 🖾 NEV | ER MARRIED DIVORCED | 9. BALTIMORE O | ITY OR CO | O YTMUC | | | |
| 10. C | ockeysvill | le | 1. NAME OF H | OSPITAL, NURSING FACILITY, GIVE STREET POWERS | IG HOME C ADDRESS) Aven | ROTHER | | 120 USUAL OCC ITYPE OF WORK FOR Housew | UPATION MOST OF WOR | | 12b. KIND O INDUSTRY | F BUSINESS emaki | |
| 13a S | AL RESIDENCE (IF NURS TATE Taryland THER'S NAME | 13b. COUN1 | imore | GIVE RESIDENCE BEFORE 131. CITY OR TOW Cockeys | N | YES 🗌 | DE CITY LIMITS? NO 😡 JER'S MAIDEN NA | 13e STREET ADD 11007 I | PESS Power | rs A | venue | #210 |)30 |
| | Emanuel | | ICICILE | Berke | ebile | | zabeth | | Dare | | Custer | î | |
| 160 V | VAS DECEASED EVER YES, NO OR UNKNOWN) NO | | WAR OR DATES) | 166 SOCIAL SECU | | Mr. | Aaron V | | | | eysvi. 007Po | | |
| | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter anly AS CAUSED | BY: | line for (a) (b), on | d (c).) | | | | | | BETWEEN | MATE INTERVAL ONSET AND DE | ATH |
| NOI | Conditions, if any, gave rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN | nediate ig the last. | (c) | AS A CONSEQUE | | NOT RELA | | I Sease | | DN GIVEN | IN PART TIE | 3. | |
| CERTIFICATION | 19a DATE OF OPERAT | TION | 19b. CONDI | FION FOR WHICH | OPERATIO | N WAS PE | RFORMED | 200 AUTOPSY | | | WERE FINDIN NG CAUSES | | , |
| | 210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC | CAUSE OF DEAT | HOUR A.A | A. MONTH DA | AY YEAR | 21t. HOV | V INJURY OCCURE | RED (ENTER NATURE | OF INJURY IN IT | TEM 18 PART | I OR PART 2) | | |
| MEDICAL | 21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO | OLE 🗀 | 21e PLACE C | OF INJURY EET, FACTORY, OFFICE, F | ARM, ETC) | 211. LOC | ATION PREET | CIT | Y OR TOWN | | COUNTY | STATE | E |
| | 220.1 certify that (1) saw the decease abave, (1) (we) (c | ed olive an_ | 912 | -8 108 | 1 | nd that in (| my) (aur) apinian | , ta death accurred an | the date ar | nd haur a | | 30000 | |
| | 22d. PHYSICIAN'S NA | ME (TYPE OR | Q M | Pair | 7 | 22e ADE | ATTENDING PHYSICIAN D | MEDICAL DIRECTOR D | STAFF PHYSICIAN | | 10/11 | | |
| | Kamal J | | | 1 4 -0 | | | Jodyway | , Luth | rvill | e, Ma | arylar | nd 210 |)93 |
| | Burial, CREMATION, SPECIFY) Buria | | 10/4/1 | | | pe Ce | emetery | Johns | town, | | m's vnshin | Pa. | E |
| | artin D. 1 | Mark | n, 10 W | . Padon | ia Ro | | 093 25 DAT | | TRAR 35b. R | REGISTRA | R'S SIGNATI | URE | |

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

- 221 7

STATE OF MARYLAND

6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

| | 1 - STATE REGISTRAR | | DEPAKIN | | ICATE OF DEATH | | 3. NO. | | |
|---|---|--------------------------|--------------------------|----------------|-------------------------------|-----------------------------|------------------|------------------|-------------------|
| ı | I. DECEASED NAME FIRST | | WIDDLE | l | AST | 20 DATE OF DEAT | а нтиом Н | DAY YEAR | 26 HOUR |
| ı | (TYPE OR PRINT) LAZARI | US | | S | HEAR | MONDAY, | OCT. 15 | ,1984 | 9:40 A |
| 1 | 3. SEX | 4. RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAS | ST BIRTHDAY) | IF UNDER 1 YEAR | |
| | MALE | WHITE | | AUG | . 10. 1912 | 72 | YRS. | AONTHS DAYS | HOURS MIN. |
| 1 | M. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | NEVED WARRING VIX | 9 BALTIMORE CIT | | OF DEATH | |
| 1 | W. VIRGINIA | USA | | WIDOWE | D NEVER MARRIEDX XXX | BALTIMOR | E COUNTY | (| M |
| ì | 10 CITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUI | | | OF BUSINESS OR |
| 1 | RANDALLSTOWN | OLD CO | OURT NURS | ING H | OME | PROPRI | | | URANT |
| 1 | HARYLAND RESENTAURSING HOME OF 13N STATE RESENTATION 13N COUNTY | OTHER INSTITUTION NTY | 13c. CITY OR TOWN | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRE | SS / ZIP CODE | | 726 |
| 1 | 11 FATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | | | | |
| 1 | NATHAN | WIDDLE | SHEAR | | LENA | MIDD | | KAPÎ | |
| | 180 WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT MRS. | HILDA WA | SSER CA | O DENK | EVITZ |
| | | -ARMY | 236-12-6 | 492 | 8101 McDONOG | H RD. BA | LTO., MI | | |
| 1 | 18 CAUSE OF DEATH (Enter or | nly ane cause per | line for (a), (b), and | dicu | 4 - | | | BETWEEN | ONSET AND DEATH |
| 1 | PART I. DEATH WAS CAUSE | TE CAUSE (a) | CHADIA | R | ARREST | | | | |
| 1 | | DUE TO, O | R AS A CONSEQUE | NCE OF | 44 - 6 - 4 | 4 2 2 | | 2 | 725 |
| ı | Canditions, if any, which gove rise to immediate | (d)_ | PROSTAT |) C C | ALCINOMA | HETA STA | から | - | 12 |
| ı | cause (a), stating the underlying cause last. | DUE TO, O | r as a conseque | NCE OF | | | | | |
| | | (c) | | F 4 71 . B. I. | | | | | |
| | PART 2. OTHER SIGNIFICANT | LONDITIONS C | an S | ATL U | | IINAL DISEASE OR C | ONDITION GIVE | EN IN PAKE II | 0 |
| 7 | CHRONIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 196 COND | ITION FOR WHICH | 7 800 | N WAS PERFORMED | 20a AUTOPSY? | | , WERE FINDI | |
| 4 | OH I | | | | | YES NO | | YING CAUSES | OF DEATH? |
| 7 | 71a. ACCIDENT WAS UNDERLYING | 21b. TIME C | | VE AD | 21c. HOW INJURY OCCURE | | A | ART I OR PART 2) | |
| | 0.000.000.000.000 | ATH | M. MONTH DA | 19 | | | | | |
| | OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION | CITY | OR TOWN | COUNTY | STATE |
| | WHILE NOT WHITE AT WORK | (AT HOME ST | REET, FACTORY OFFICE, F. | ARM ETC } | 3,000 | | | | |
| | 220.1 certify that (I) (this because | 1.0 | e deceased fram_ | 2 | , 19 | . 10 | ENT | | that (I) (we) las |
| | saw the deceased alive an above, (I) (we tide) (did no | | after death. | 7 . 0 | nd that in (my) (aur) apinion | death occurred an th | ne date and hour | | |
| | 226 SIGNATURE | 7.1 | 1 | | DEGREE ATTENDING | MEDICAL | STAFF | | SIGNED |
| | 62-7- | 4 | | | PHYSICIAN X | DIRECTOR PH | YSICIAN [| 10/1 | 15/84 |
| 7 | 224 PHYSICIAN'S NAME LIVE | OR PRINT) | Collen | | 77e ADDRESS 711 W.40 st. | Poltimon | o Md (| (21210 | 1) |
| _ | 61789 | | | | <u> </u> | Baltimor | c, Mu. (| (21210 | ') |
| | 230 BURIAL, CREMATION, REMOVAL (SPECIFY) | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOW | 'N | COUNTY | STATE |
| | BURIAL | OCT.17 | ,1984 MI | KRO I | KODESH BETH IS | SKAEL E | BALTIMOR | E, MD. | |

DHMH - 16 50M 4/83

(VRA 15, 4)

ITO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled is should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

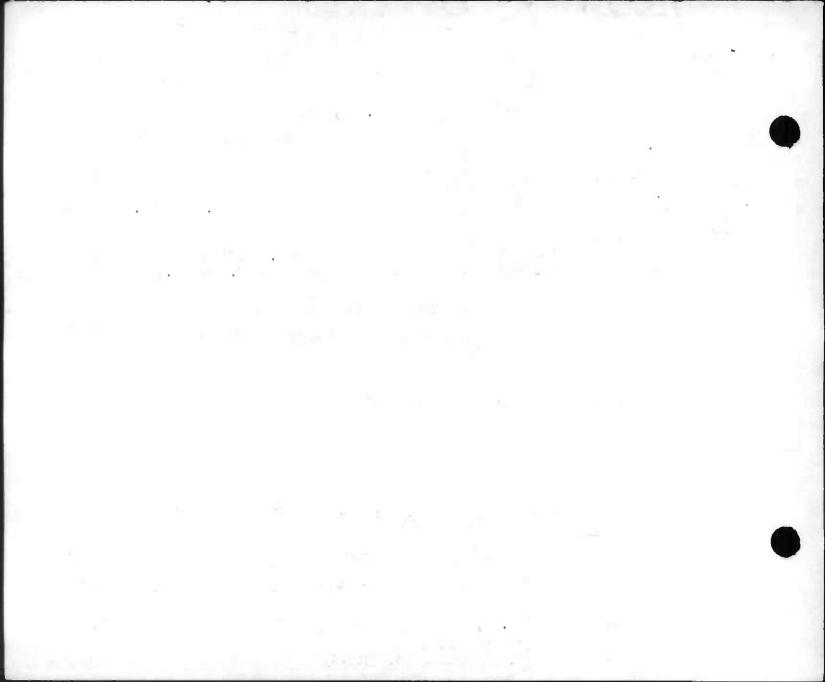
njury, or other troumotic event,

IMPORTANT: If them 21 is marked or Item 18 s m

SOL LEVINSON & BROS.

1250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OCT 18 1984 Fina Davidson Random



deoth. Page 4 may be

STATE OF MARYLAND

6 5 8 5

| 1- | STATE REGISTRAR | | | DEPARIA | | ICATE OF DEAT | | REG. N | 10. | | |
|---------------|--|----------------|-----------------------------|--------------------------------------|---------------|----------------------------------|-----------|-------------------------------|----------------|-------------------|--------------------|
| | CEASED NAME | FIRST | ٨ | AIDDLE | 1 | LAS1 | | 20. DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| 11110 | G1 | adys | R | | SHIPL | EY | | October 1 | 8 | 2/1. | 6:20A M |
| 3. SE | | 4. | RACE | | 5. DATE (| | YEAR | October 1 | RIHDAY) | IF UNDER TYEAR | HOURS MIN. |
| | Female | | | | 5- | 4-1900 | | 84 | YRS. | | |
| THE C | RTHPLACE (STATE OR | FOREIGN 7 | CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | D NEVER MARR | IED 🗆 | 9. BALTIMORE CITY | | | |
| 7 / | Balto. M. | ATM 1 | 1 NAME OF H | OCDITAL NILIDCIN | WIDOWE | DIVORC | | Baltimore | Coun | - | MD. |
| 1 | IT OR TOWN OF BE | AID / | I TOTAL OF I | H FACILITY, GIVE STREET | | JR OTHER INSTITUTION | ION | 1 1 0 | OF WORKING L | (FE) INDUSTRY | OF BUSINESS OR |
| MSUZ | AL RESIDENCE (IF NUR | SING HOME OR O | THER INSTITUTION | | | Hospital | | (Lerk - Ke | tired | Hec | rt (o. |
| 13a. S | M. | 13b COUNT | Υ | Balto. | | 13d. INSIDE CITY LI YESXXX NO | | | air h | oad-212 | 06 |
| 14. FA | THER'S NAME | | DDLE | LAST | | 15. MOTHER'S MAI | | | | 1.4 | ST |
| | (ha | rles (| · Hulle | | | | irgin | ia M. Purk | | | |
| | VAS DECEASED EVER YES, NO OR UNKNOWN) | | ED FORCES? WAR OR DATES) | 213-20- | | Mr. John | E. B | Bresnan - 5 | | elair R | d21206 |
| | 18 CAUSE OF DEAT | H (Enter only | one couse per | line for (a), (b), and | dieni | | | | | APPROX BETWEEN | ONSET AND DEATH |
| | PART I. DE ATH V | IMMEDIATE | BY: | Cardio-r | espir | atory Arre | est | | | | |
| | | | DUE TO, OF | Myocardt | NE OF | famotion | | | | | |
| | Conditions, if ony | | (b) | riyucaruri | a 1 1 1 1 1 1 | Tarction | | | | | 7519 |
| -3 | couse (a), statu | ng the | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | - | |
| | | | (c) | TAIN TAIN TO TO | | | tile ven | | | | |
| z | PART 2. OTHER SIG | NIFICANI CC | ONDITIONS <u>CC</u> | DULKIRUTING TO I | DEATH BUT | NOT RELATED TO 1 | HE TERMI | NAL DISEASE OR COM | ADII ION GI | VEN IN PART II | 0 |
| CERTIFICATION | 19a DATE OF OPERA | TION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORME | D | 20a AUTOPSY? | | S, WERE FINDI | |
| FE | | | | | | | | YES NOK | | IFYING CAUSES | S OF DEATH? |
| CER | 210. ACCIDENT WAS UN | | 21b. TIME O | FINJURY M. MONTH DA | V VEAD | 21c. HOW INJURY | OCCURR | ED (ENTER NATURE OF INJ | JRY IN ITEM 18 | PARI I OR PARI 2) | |
| ZA1 | OR CONTRIBUTING [| | P./ | | 19 | | | | | | |
| MEDICAL | 21d INJURY OCCUR | | 21e. PLACE C | OF INJURY EET, FACTORY, OFFICE, F | ARM ETC 1 | 211 LOCATION STREET | | CITY OR TO | OWN | COUNTY | STATE |
| 2 | AT WORK NOT W | HILE C | | | 0-4- | 1, , 7 | 0.0 | | | | |
| | 22s I gertify that (I | | l) attended the | e deceased from_ | OCTO | , 19 | 84 | to_Uctobe | r 18 | | that (1) (we) last |
| | saw the decease above, (I) (we) (| and) (did not) | view the body | ofter death. | . 0 | | opinion d | leath accurred on the c | lote and ha | | |
| | 22b. SIGNATURE | alin | all m | . 000 | | DEGREE ATTEN | NDING | MEDICAL STA | (FF | 22c. DATE | /18/84 |
| | MULLO O | AME ITURE OR | W- 74 1 | ion | | PHYS 22e ADDRESS | ICIAN [| DIRECTOR PHYSI | CIAN | 10, | / 10/ 04 |
| | Julio Sc | chwartz | zman, M | D. | | 116 ADDRESS | | | UT. | | |
| | BURIAL, CREMATION | , REMOVAL | 23b. DATE | | | cemetery or crem | | 23d. LOCATION CITY OR TOWN | 110 | COUNTY | STATE |
| 24 FI | UNERAL DIRECTOR | | 10-2 | | | | | REC'D. BY REGISTRAI | 25b. REGIS | TRAR'S SIGNA | TURE |
| 2 | ohn . Mis | Uer In | 1c64 | 15 Belain | Rd | -21206 | DOT | 1 9 109/ | | ~ ~ | ndelle |
| | | | | - | | | | T A 1721 | .1303 | 10 V-07-1101 | חנייפוטיב |

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After

MPOSTANT, If hem 21 is

centricate that been regard by the ottending physicion and co

ury or other troumotic event, th

White 5-1-1900 81 2 200 1 conville from Lind rane lamited for - setime theat o. id. Selevin on -21205 Charles C. Willett Virginia No. Marins 217-20-7812 Mr. John & bresner - 5871 Belain M.-21206

binial 11-2-11 overent morial on. Latto. 11.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR

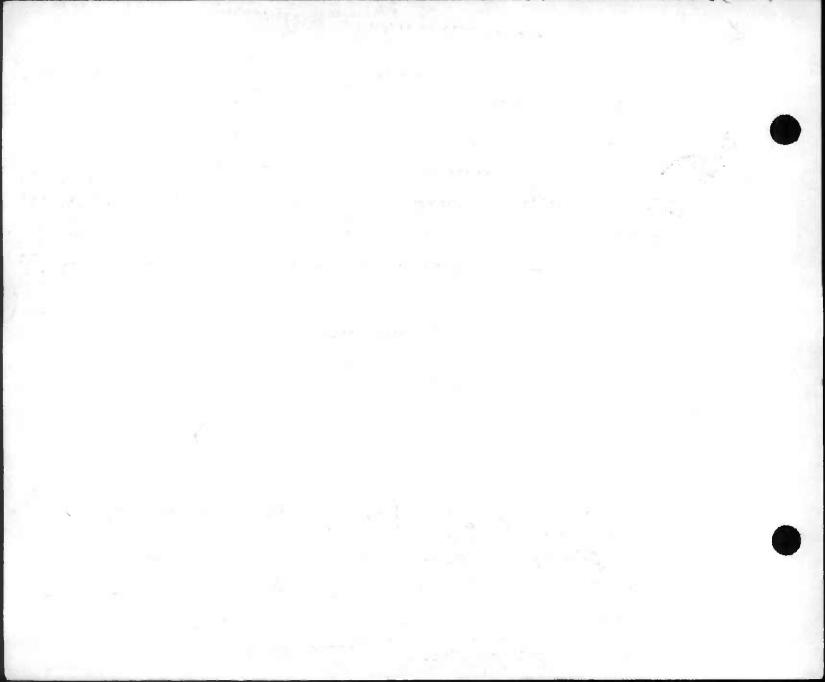
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

| - | | 10 | (3) | la |
|--------|---|----|-----|----|
| 2 | 0 | 2 | 8 | O |
| (CLIP) | | | | |

| 1. | REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. NO |). | | |
|-----------------|--|--|---|--------------------------|---|-------------------|--|---------------------|-------------|----------------------------------|
| | ECEASED NAME PE OR PRINT) Ele | eanor | M Shy | vanda | AST | 2 | DATE OF DEATH | 10-2 | YEAR 6-84 | 26 HOUR 12:04pm |
| 3. SE | | 4. RACE | M SHV | 5. DATE O | E DIDTH | - 14 | AGE (IN YEARS LAST BIRT | | NDER I YEAR | IF UNDER 24 HRS |
| 3. 30 | Female | Whit | е | MPNTH | 7º4 15 YEA | _ | 69 | YRS. | _ | HOURS MIN. |
| 70. 8 | BIRTHPLACE (STATE OR FO | | WHAT COUNTRY? | 8. MARRIED WIDOWEI | DIVORCE | | Baltimore City of | COUNTY OF | | MD |
| | Towson | TH 11. NAME OF | HOSPITAL, NURSING CHEACILITY GIVE STREET A OSEPH HOSP | G HOME O | R OTHER INSTITUTIO | N I | 20 USUAL OCCUPATION OF THE PROPERTY OF THE PRO | | INDUSTRY | F BUSINESS OR |
| USU 13a N | UAL RESIDENCE (# NURSI STATE MC • | ng home or other institution 13% COUNTY Balto. | 134 CITY OR TOWN TOWSON | | 138. INSIDE CITY LIM | ITS? 1: | 500 Virg | inia A | | _ |
| IL F | Alfred | WIDDLE | Mc Kewen | | is mother's maide | | WIDDLE | Та | ırlet | on |
| | WAS DECEASED EVER I | N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECUR 214-14- | 7744 | 17 INFORMANT Katherin | e Pa | anuska 50 | ss O Virg | in Ap | t _{Ave} 141 |
| | PART I. DEATH W | I iEnter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (o) | | l (c).) | | | | | | MATE INTERVAL DNSET AND DEATH |
| ATION | | the diote of the distribution of the distribut | OR AS A CONSEQUE | NCE OF | NOT RELATED TO THE | e te r min | AL DISEASE OR CONE | 20b. IF YES, W | | |
| CERTIFICATION | THE DATE OF CITERAL | | | | | | YES NO | IN CERTIFYIN YES | G CAUSES | |
| EDICAL CE | 210. ACCIDENT WAS UNDO OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR | AUSE OF DEATH HOUR A AI EXAMINER) P ED 21e PLACE | OF INJURY M. MONTH DA ² .M. OF INJURY | 19 | 211 LOCATION | CCURRE | O (ENTER NATURE OF INJUR | | OR PART 2) | STATE |
| ¥ | | (this hospital) ottended t | | 4.5 | , 19_ | 84 | , to 10 = | 2619_ | 97, | that (we) last |
| | saw the deceose above, (M(we)(d | d olive on id) (ac nyt) view the bod | y offersteath. | 1 | d that in (m) (our) of DEGREE ATTEND PHYSICI | ING | MEDICAL STAF | Fa | d from the | |
| 1 | PEMY | ME (TYPE OF PRINT) | 1+1 m | , | 22e ADDRESS 1620 | you | ek ROAC | | user | MD |
| | BURIAL, CREMATION, P Specify) Burial | 10-29 | -84 Mc | rela | nd Cem. | | 23d LOCATION CITY OF TOWN Balto. | | DUNTY | Md. |
| | chimunek I | 33 Funeral Ho | 31 Brehn me, Inc. | s La | ne ₂₁₂₁₃ | OCT | 3 0 100A | | S SIGNATI | |

DHMH - 16 50M 4/83

(VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be litter with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AN HYGIENE CERTIFICATE OF DEATH

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|----|---|---|---|---|
| 60 | 0 | 1 | 0 | |

| | REGISTRAR | | | | | | REG. N | | | |
|-----------------------|--|--|---|---|---|--|--|--|---|--|
| | CEASED NAME | FIRST | MI | IDDLE | l. | AST | | MONTH | DAY YEAR | 26 HOUR |
| | | HARR | Y BOS | LEY SIE | GMUND | | OCTOBER | 24,1 | 984 | 1 700 |
| 3. SE> | | 4, R | RACE | | 5. DATE C | | 6. AGE IN YEARS LAST BE | RTHDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| | Male | | White | | Jun | e 14,1890 YEAR | 94 | YRS. | MOTOR DATA | NOOKS MI |
| 7a. BII | RTHPLACE (STATE OR | OREIGN 7b. | CITIZEN OF W | HAT COUNTRY? | 8 AAADDIEI | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| | Maryland | 1535 | USA | | WIDOWE | | Baltimo | re Co | unty | |
| | Towson | лн 11. | | OSPITAL, NURSIR FACILITY, GIVE STREET OVENTRY | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Analyst | ION OF WORKING L | FEL INDUSTRY | en Co. |
| 13a. S | AL RESIDENCE (IF NURS TATE Aryland | ING HOME OR OTH 136 COUNTY Baltim | | RESIDENCE BEFOR | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS 627 Cov | / ZIP COD | Rd. 21 | 204 |
| 14. FA | Gustav S: | iegmund | DLE | LAST | | Amelia He | MIDDLE | | LAS | |
| | VAS DECEASED EVER | | | 166 SOCIAL SECU | URITY NO. | 17. INFORMANT | 6310°R | Bello | na Ave. | |
| (1 | YES, NO OR UNKNOWN) | WW I | AK OR DATES) | 215-03- | 4561 | John W. Siegi | mund Balti | more. | Md. 21 | 212 |
| | 18. CAUSE OF DEAT PART I. DEATH W | H (Enter anly a | ine cause per li | ine for (a), (b), or | nd ici.i | | | | APPROXI BETWEEN O | MATE INTERVAL |
| | Canditians, if any, gave rise to impresse (a), stating underlying cause | nediate ig the last | DUE TO, OR | AS A CONSEQU | ENCE OF | | | | | |
| TION | gave rise to immoduse (a), stafin underlying cause PART 2. OTHER SIGN | nediate ig the last | DUE TO, OR | AS A CONSEOU | DEATH BUT | NOT RELATED TO THE TERM | | | | |
| TIFICATION | gave rise ta imm cause (a), statin underlying cause | nediate ig the last | DUE TO, OR | AS A CONSEOU | DEATH BUT | NOT RELATED TO THE TERM N WAS PERFORMED | INAL DISEASE OR CON 20a AUTOPSY? YES \(\) NO \(\) | 20b. IF YE | VEN IN PART LICES, WERE FINDING CAUSES | IGS USED |
| CERTIFIC | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNITED TO STATE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE TO STATE OF CONTRIBUTING CONTRIBUTING CAUSE TO STATE OF CONTRIBUTING CAUSE TO STATE OF CAUSE C | nediate g the last. VIFICANT CON TION DERLYING CAUSE OF DEATH | DUE TO, OR (c) DITIONS COIDIT 19b. CONDIT 21b. TIME OF HOUR A.M | AS A CONSEQUENTRIBUTING TO | DEATH BUT | | 20a AUTOPSY? YES NO | 20b. IF YE | ES, WERE FINDIN IFYING CAUSES 'ES [] | IGS USED OF DEATH? |
| U. (1750) | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA: 21a. ACCIDENT WAS UNIT | nediate g the last. NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) | DUE TO, OR (c) NDITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M 21e. PLACE O | AS A CONSEOU NTRIBUTING TO ION FOR WHICH INJURY MONTH D L. IF INJURY | DEATH BUT H OPERATION ANY YEAR 19 | N WAS PERFORMED 21c. HOW INJURY OCCURI | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INA | 20b. IF YE IN CERTIN | ES, WERE FINDIN IFYING CAUSES 'ES PART (OR PART ?) | IGS USED OF DEATH? NO [] |
| MEDICAL CERTIFICATION | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIA 21d. INJURY OCCURI | INFICANT CON IN | DUE TO, OR (c) NDITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M 21e. PLACE O | AS A CONSEQUENTRIBUTING TO | DEATH BUT H OPERATION ANY YEAR 19 | N WAS PERFORMED | 20a AUTOPSY? YES NO | 20b. IF YE IN CERTIN | ES, WERE FINDIN IFYING CAUSES 'ES [] | IGS USED OF DEATH? |
| U. (1750) | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING CIP EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOTIFY MEDI 22a. I certify that (1) | INFICANT CON INFICANT CON INFICANT CON CAUSE OF DEATH CALEXAMINER) RED INFI (this hospital) | DUE TO, OR (c) JDITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e PLACE O (AT HOME STREET ottended the | AS A CONSEQUINTRIBUTING TO ION FOR WHICH INJURY MONTH D FINJURY EL, FACTORY, OFFICE. deceased from. | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) | N WAS PERFORMED 21c. HOW INJURY OCCURI | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INA | 20b, IF YE IN CERT! Y URY IN ITEM 18 | ES, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY | IGS USED OF DEATH? NO STATE |
| U. (1750) | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIAL INJURY OCCUMENT) WHILE NOTIFY NOTIFY MEDIAL WORK NOTIFY NOTIF | INFICANT CON INFICANT CON INFICANT CON CAUSE OF DEATH CALEXAMINER) RED INFI (this hospital) | DUE TO, OR (c) JDITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e PLACE O (AT HOME STREET ottended the | AS A CONSEQUINTRIBUTING TO ION FOR WHICH INJURY MONTH D FINJURY EL, FACTORY, OFFICE. deceased from. | DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.) | 21c. HOW INJURY OCCURI | 20a AUTOPSY? YES NO CENTER NATURE OF INJU CITY OR TO | 20b, IF YE IN CERTIN Y YURY IN ITEM 18 | S, WERE FINDIN IFYING CAUSES (ES | IGS USED OF DEATH? NO STATE that (II (we) lications stated |
| U. (1750) | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT 21d. INJURY OCCUR! WHILE NOTIFY MEDIT AT WORK NOTIFY TO SOW THE SOW | nediate g the last last NIFICANT CON TION DERLYING | DUE TO, OR (c) NDITIONS COI 19b. CONDIT 21b. TIME OF HOUR AM P.M 21e PLACE O (AT HOME, STREE) ottended the ew the body of | AS A CONSEQUINTRIBUTING TO ION FOR WHICH INJURY MONTH D FINJURY EL, FACTORY, OFFICE. deceased from. | DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.) | 211. LOCATION STREET 19 dd that in (ny) our) opinian DEGREE ATTENDING PHYSICIAN | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INA | 20b, IF YE IN CERTI Y JRY IN ITEM 18 | S, WERE FINDIN IFYING CAUSES (ES | IGS USED OF DEATH? NO STATE that (II (we) lications stated |
| U. (1750) | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT 21d. INJURY OCCUR! WHILE NOTIFY MEDIT 22a. I certify that (I) sow the decease abave (I) we'll 22b. SIGNATURE 22d. PHYSICIAN'S N. | DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital) AME IN PE OR PR | DUE TO, OR (c) DITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME STREET ottended the | AS A CONSEQUINTRIBUTING TO ION FOR WHICH INJURY A. MONTH D IF INJURY EL, FACTORY, OFFICE. deceased from 19 11 11 12 13 14 15 16 17 18 19 18 19 18 19 19 10 10 10 10 10 10 10 10 | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) | 21c. HOW INJURY OCCURION STREET 21 LOCATION STREET . 19 and that in (fiy) our) apinian DEGREE ATTENDING PHYSICIAN (22c ADDRESS) | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURED) CITY OR TO A to REDICAL STA DIRECTOR PHYSIC | 20b, IF YE IN CERTINAL IN CERT | S, WERE FINDIN IFYING CAUSES (ES | IGS USED OF DEATH? NO STATE |
| U. (1750) | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT 21d. INJURY OCCUR! WHILE NOTIFY MEDIT 22a. I certify that (I) sow the decease abave (I) we'll 22b. SIGNATURE 22d. PHYSICIAN'S N. | DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital) AME IN PE OR PR | DUE TO, OR (c) DITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME STREET ottended the | AS A CONSEQUENTRIBUTING TO ION FOR WHICH INJURY MONTH D FINJURY SET, FACTORY, OFFICE. deceased from 19 defendenth | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) | 211. LOCATION STREET 211 LOCATION STREET 19 10 that in (Try) our) apinian DEGREE ATTENDING PHYSICIAN 22e ADDRESS 7600 Osler | 200 AUTOPSY? YES NO ERED (ENTER NATURE OF INJURED) CITY OR TO MEDICAL STA DIRECTOR PHYSIC Or Towson, | 20b, IF YE IN CERTINAL IN CERT | S, WERE FINDIN IFYING CAUSES (ES | IGS USED OF DEATH? NO STATE that (II (we) lacauses stated |
| WEDICAL MEDICAL | gove rise to immediate to immediate to stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT 21d. INJURY OCCUR! WHILE NOTIFY MEDIT 22a. I certify that (I) sow the decease abave (I) we'll 22b. SIGNATURE 22d. PHYSICIAN'S N. | MIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital) India of the control of the con | DUE TO, OR (c) DITIONS COI 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME STREET ottended the | AS A CONSEOU NTRIBUTING TO ION FOR WHICH INJURY MONTH D FINJURY ET, FACTORY, OFFICE. deceased from 19 41fer death. 19 23c | DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.) NAME OF C. Dru: | 21c. HOW INJURY OCCURION STREET 21 LOCATION STREET . 19 and that in (fiy) our) apinian DEGREE ATTENDING PHYSICIAN (22c ADDRESS) | 200 AUTOPSY? YES NO ENTER NATURE OF INJURED (ENTER NATURE OF INJURED OF INJU | 20b, IF YE IN CERTINATION OF THE MINISTRATION | COUNTY 19 87 19 87 19 87 19 87 19 87 19 87 19 87 10 0 10 10 10 10 10 10 10 10 10 10 10 10 | STATE that (II (we) It couses stated SIGNED |

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be fired with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT & HYGISNE

8 5 6

| 3. SEX 70. BIR CONC. 10 CITY TO USUAL 130 ST MA | M ALE RIHPLACE (STATE OR FOREIGN OUNTRY) ORTH DAKOTA ITY OR TOWN OF DEATH OWSON IL RESIDENCE (IF NURSING HOME OF TATE 136 COU | MIDDIE S. 4 RACE WHITE 7b. CITIZEN OF WHAT CO II. S. A. 11. NAME OF HOSPITAL GBMC 05 670 | SILVE S DATE (MON!) 3 DUNTRY? 8 MARRIE WIDOW! | | REG. N 20 DATE OF DEATH 6 AGE IN YEARS LAST BI 7 0 9 BALTIMORE CITY | MONTH DAY | 84 UNDER TYEAR | 3 • 33 F UNDER 24 HE |
|---|---|--|---|------------------------------|---|---------------------|---|-------------------------|
| 3. SEX 70. BIR: CC NC 10. CIT' TO USUAI 130. ST MA | M ALE RIHPLACE (STATE OR FOREIGN OWNERY) ORTH DAKOTA TY OR TOWN OF DEATH OWSON IL RESIDENCE (IF NURSING HOME OF TABLE) | WHITE 76. CITIZEN OF WHAT CO U.S.A. 11. NAME OF HOSPITAL | S DATE (MONTI 3 DUNTRY? 8 MARRIE WIDOW | of BIRTH H DAY 1914 | 70 | MON | UNDER TYEAR | |
| 70. BIRTOCO NC 10. CITY TO USUAL 130. ST MA | M ALE RIHPLACE (STATE OR FOREIGN OUNTRY) ORTH DAKOTA ITY OR TOWN OF DEATH OWSON IL RESIDENCE (IF NURSING HOME OF TATE 136 COU | WHITE 76, CITIZEN OF WHAT CO U.S.A. 11. NAME OF HOSPITAL | DUNTRY? 8 MARRIE | 6 1914 | 70 | MON | | |
| TO USUAL 130 ST MA | TTHPLACE (STATE OR FOREIGN OUNTRY) ORTH DAKOTA TY OR TOWN OF DEATH OWSON IL RESIDENCE (IF NURSING HOME OF TATE 136, COU | IJ.S.A. 11. NAME OF HOSPITAL | DUNTRY? 8. MARRIE | 6 1914 | | YRS. | | |
| TO USUAL 13a ST MA | OWSON RESIDENCE (IF NURSING HOME OF TAKE) | U.S.A. | MARRIE | D NEVER MARRIED | 9 BAITIMORE CITY | | | |
| TO USUAL 13a ST MA | Y OR TOWN OF DEATH OWSON LERESIDENCE (IF NURSING HOME OF TATE 138 COU | 11. NAME OF HOSPITAL | | | JACK CITY | OR COUNTY OF | DEATH | |
| TO USUAL 13a ST MA | OWSON RESIDENCE (IF NURSING HOME OF TATE 13b, COU | | | | | | YTNUO: | |
| MA I4. FAT | TATE 136 COU | | I'VE S NET ADD CHA | | T 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST SALESMAN | OF WORKING LIFE) | IZE KIND OF INDAUTON | OTIVE |
| 1 | ARYLAND Bat | | ORTOWN TIME | 13d. INSIDE CITY LIMITS? | | ZIP CODE BEND DE | R. APT | _B(2 |
| 16a W/ | THER'S NAME FIRST | WIDDLE | LAST | 15 MOTHER'S MAIDEN N | AME | | IAST | |
| 16a W, | OSCAR | | ILVERLIEB | REBECCA | | | BARTN | VIK_ |
| N. | (AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (1F YES, GI | VE WAR OR DATES) | -09-0556 | RICHARD R. | SILVERLIEB 4 | TVINGSTO | ON, N.J. AY DR. | 0703 |
| No No | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBU | TING TO DEATH BUT | N DURING D | | VDITION GIVEN | IN PART TO VERE FINDING NG CAUSES C | GS USED |
| 1 5 | 210. ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCU | IRRED (ENTER NATURE OF INJ | | | ,,,, |
| | OR CONTRIBUTING CAUSE OF DE | AIR I | NTH DAY YEAR | | | | | |
| 1 % | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 218 PLACE OF INJUR | RY | 211. LOCATION STREET | CITY OR T | DWN | COUNTY | STAT |
| | 220.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no | | 19 | nd that in (my) (our) opinio | n deoth occurred on the o | dote and hour or | | ouses states |
| | 22b. SIGNATURE | senhers | | | MEDICAL STA | AFF ICIAN | 10/10 | 94 |
| | 22d PHYSICIAN'S NAME (TYPE | U | | 22e. ADDRESS | | | | |
| | DR. L. ROS | | | | HARLES ST | REET-GE | 3MC | |
| | URIAL, CREMATION, REMOVAL | 10/14/84 | 23c. NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | | OUNTY | STAT |

THE THERE'S PRICARD IN TORSE HER

| _ | | FOR |
|---|---|-----------|
| ł | _ | STATE |
| | | REGISTRAR |

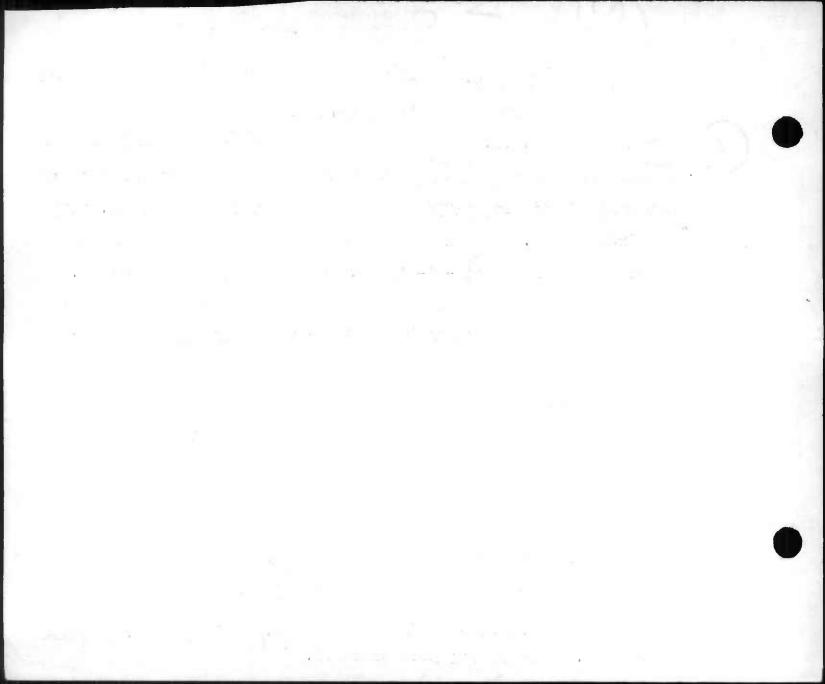
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGTENE CERTIFICATE OF DEATH

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| 9 | 8 | |
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| | | |

| - 1 | REGISTRAR | | | | REG. NO. | |
|-----|---|---|----------------------------------|-------------------------------------|---|---|
| | I. DECEASED NAME (TYPE OR PRINT) | LTER J. | S/M | 75 | OCTOBER / | 7,1984 455AM |
| ı | 3. SEX | 4 RACE | 5. DATE OF B | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. |
| 1 | Male | White | July | 15,1891 | 93 YRS | |
| 1 | 70. BIRTHPLACE STATE OR FO | REIGN 76. CITIZEN OF WHAT | COUNTRY? 8. | NEVER MARRIED | BATTAMORE CITY OR COUN | |
| 4 | Maryland | U.S.A. | WIDOWED | DIVORCED [| DALTIMOR | E DUNTY MO. |
| | TUWSON | STE JOST BY SUCH BAPTILIT | AL, NURSING HOME OR C | HOSPITAL | Stock Contro | IZE KIND OF BUSIDESS OR INDUSTRY Machinery |
| 7 | 13a STATE | | L234 136 | ES 🗍 NO 💢 | | DE Rd. 21234 |
| 1 | 14 FATHER'S NAME EIRST Andrew | J. S | Sims 15. | Mae Maiden NA | WIDDLE | Blakely |
| 1 | 160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) Yes | (IF YES, GIVE WAR OR DATES) | | informant E. Irene S | ims 1817 Duny | woody: Rd |
| | Canditions, if any, gave rise to imme couse (a), stating underlying couse | chiate the last DUE TO, OR AS A | CONSEQUENCE OF | HEART ARTERY TRELATED TO THE TERM | FAILURE DISEASE INAL DISEASE OR CONDITION OF | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I O DAY'S YEARS. |
| 1 | 190 DATE OF OPERATION AS UNDER | FAILURE ON 196 CONDITION F | OR WHICH OPERATION W | /AS PERFORMED | IN CER | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO |
| İ | | SUSE OF DEATH HOUR A.M. M | RY IONTH DAY YEAR | CHOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM I | 8 PARI ORPARI ?) |
| | OR CONTRIBUTING CA | CAT HOME STREET EAC | URY TORY, OFFICE, FARM, ETC.) | F LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | saw the deceased | this hospital) attended the deced I alive an d) (did not) view the bady after d | 19, and the | | , ta death occurred on the date and h | , that (I) (we) last nour and from the causes stated |
| _ | THE PROPERTY S NAME | OLIVO OR PRINTI) | 1 22 | ATTENDING PHYSICIAN e ADDRESS | DIRECTOR PHYSICIAN | 10/17/84 |
| | X JJ.K | LEEMAN | | 7600 OS | LER DRIVE | 21204 |
| | 230 SURIAL, CREMATION, R Burial | 236. DATE 10/19/84 | | ETERY OR CREMATORY | 23d LOCATION CITY OF TOWN Roll + i mosses | COUNTY STATE |
| | 24 FUNERAL DIRECTOR | 110/19/04 | r mulaney | Valley Me | Baltimore ERECTO BORREGOUSARIZSO, REG | Co. Maryland |
| | | Johnson 852 | 1 Loch Rav | en Bl. | 1 1 0 1904 | April 1901 - A |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hea



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA HYGIENE CERTIFICATE OF DEATH

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| 63 | 6 | Ś | 1 | 6. |
| 4 | 0 | - | | - |
| - | | | | |
| | | | | |

| | REGISTRAR | | CERT | IFICATE OF DEATH | REG. NO. | | |
|---|--|---|---|----------------------------------|--------------------------------|---|--------------------------------------|
| | 1. DECEASED NAME FIRST | M | IDDLE | LAST | 20 DATE OF DEATH M | ONTH DAY YEAR | 2b. HOUR |
| d | (TYPE OR PRINT) | 1 | C. SLAD | E JR. | October | 15, 1984 | 11:00 A |
| - | 3. SEX | 4. RACE | 5 DAT | E OF BIRTH | 6 AGE (IN YEARS LAST BIRTH | DAY) IF UNDER I YEAR | |
| - | Male | White | Ma | rch 2, 1923 | 61 | YRS. DAYS | HOURS MIN. |
| 4 | To. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | VHAT COUNTRY? 8 | RIED X NEVER MARRIED | 9 BALTIMORE CITY OR | COUNTY OF DEATH | |
| 1 | Maryland | U.S.A. | WIDO | WED DIVORCED | | re County | MD. |
| | 10 CITY OR TOWN OF DEATH | (IF NOT IN SUCH | FACILITY, GIVE STREET ADDRESS) | E OR OTHER INSTITUTION | 170 USUAL OCCUPATIO | WORKING LIFE) INDUSTRY | |
| 4 | Woodlawn USUAL RESIDENCE (IF NURSING HOA | | Kirkwood Ro | | Salesman | Ins | urance |
| 2 | 130 STATE 13b C | | 13c. CITY OR TOWN Woodlawn | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / 1641 Kirk | ZIP CODE Kwood Road | 21207 |
| 1 | 14 FATHER'S NAME | MIDDLE | LAST | 15. MOTHER'S MAIDEN NA | MIDDLE | LA | 51 |
| Ы | John | C. | Slade Sr. | Helen | Mode | | Walsh |
| | 160 WAS DECEASED EVER IN U.S | | 166 SOCIAL SECURITY NO | . 17 INFORMANT | ADDRES | S | |
| | | s, give war or dates) | 218-14-7072 | Lillian | Slade Same | | |
| | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA | | ine for (a), (b), and (c).) | D 4. 1-1 | 1 4. | BETWEEN | XIMATE INTERVAL I ONSET AND DEATH |
| | | DIATE CAUSE (o) | Sarcoma, | V. MIGNEM | re tas tasis | 10 | months |
| | | DUE TO, OR | AS A CONSEQUENCE OF | | | | |
| | Conditions, if ony, which | | | | | | |
| | gove rise to immediate couse (a), stating the | DUE TO, OR | AS A CONSEQUENCE OF | | | | |
| | underlying couse lost | ((c) | | | | | |
| | | / | | UT NOT RELATED TO THE TERM | AINAL DISEASE OR COND | ITION GIVEN IN PART I | (a |
| | o Na | | Wel- | | | | |
| 1 | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 196 CONDIT | ION FOR WHICH OPERAT | ION WAS PERFORMED | | 206. IF YES, WERE FIND! IN CERTIFYING CAUSE! | S OF DEATH? |
| 6 | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF | : INTILIDY | 121 HOW INTURY OCCUR | YES NO | YES [] | NO [] |
| r | | LIOUD AA | MONTH DAY YE | | (ENTER NATURE OF INJURY | IN HEM 18 PART I ORPART 2) | |
| | OR CONTRIBUTING L. CAUSE OF THE EITHER NOTIFY MEDICAL EXAM | | | | | | |
| | 216 INJURY OCCURRED | 21e. PLACE C | OF INJURY Et, Factory Office, Farm Etc.) | 211 LOCATION STREET | CITY OR TOW | N COUNTY | STATE |
| - | WHILE NOT WHILE AT WORK | | | 15 | had 1 | 5 84 | |
| | 220 I certify that (1) (this h saw the deceased aliv | # 1 A 4 | deceosed from | , and that in (my) (our) opinion | death assured as the dat | | , that (I) (we) last |
| | obove, (I) (we) (did) (di | d not) view the body o | ofter death. | | deom occurred on the dor | | |
| | 22b. SIGNATURE | . 4 . 001 | | DEGREE ATTENDING | MEDICAL STAFF | 10/1 | 6 184 |
| | 22d. PHYSICIAN'S NAME (1 | d gatte | M. D. | PHYSICIAN T | DIRECTOR PHYSICIA | AN D | -1-1 |
| | III PHTSICIAN S NAME (1 | YPE ORPHINTS | A fire | | | | 1207 |
| | | | D. | | Park Ave., | Baltimore, | Md. |
| ď | 230 BURIAL, CREMATION, REMO | | | F CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| | Burial | 10/17/ | | on Forest Vete | | | Md. |
| | Leroy M. & Rus | sell C. Wi | tzke Funeral | Homes P.A. 250 DA | TE REC'D. BY REGISTRAR 2 | 0. K | |
| | 1630 Edmondson | Avenue, Ca | tonsville, M | ld. 21228 | 1 9 1984 | ulia Davidson-D | jandelle. |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the or

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGENE

CEPTIFICATE OF DEATH

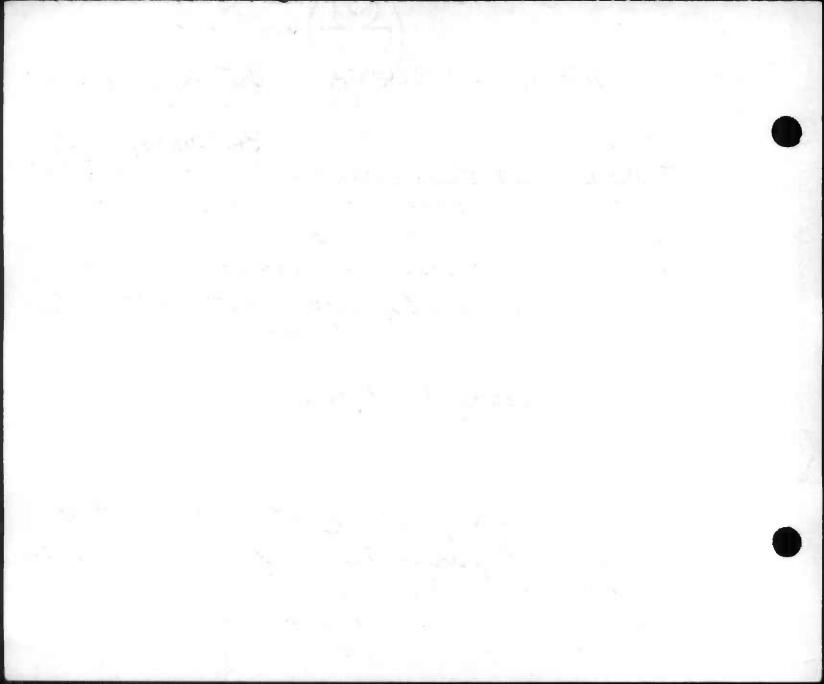
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| | EASED NAME | FIRST | . ` ` | MIDDLE | 0: - | LAST | 20 DATE OF DEATH | MONTH DA | Y YEAR | 2b HOUR |
| | H | 440 | LD A | LFRED | SLA | TER | 10C7./ | 2/9 | 184 | 10:00 |
| I. SEX | | | 4 RACE | | | OF BIRTH | 6 AGE (IN YEARS LAST BI | | ONTHS DAYS | IF UNOER 24 HE HOURS MI |
| M | IALE | | WHITI | E | ĴŬ | LY 3, 1909 1 | 75 | YRS | 5410 | |
| | THPLACE ISTATE OR F | OREIGN I | L CITIZEN OF | WHAT COUN | TRY? 8 | ED NEVER MARRIED | 9. BALTIMORE CITY | OR COUNTY C | OF DEATH | . 177 / |
| N | YORK | | U.S.Z | Α. | WIDOW | _ | BALTIN | NORE | C04 | NIY |
| PCIT | Y OR TOWN OF DEA | TH / | | HOSPITAL, NU | | OR OTHER INSTITUTION | 17a USUAL OCCUPAT | | 126 KIND O | ndust |
| 10 | DWSON | | ST | JOS | EPH. | HOSPITAL | ELECTRIC | | Machi | ne Mfg |
| UŠUAI IIa. ST | L RESIDENCE (IF NURSI | ING HOME OR | | GIVE RESIDENCE I | | 134 INSIDE CITY LIMITS? | 13. STREET ADDRESS | / 7IP CODE | | |
| MA | ARYLAND | 3 | | | IMORE | YES NO | 515 HOLLE | IN RD. | 21212 | |
| | THER'S NAME | | A POPULE | 1.457 | | 15 MOTHER'S MAIDEN NA | ME MIDDLE | | | |
| AI | FRED | ~ | J. | SI | LATER | IDA | MIDDLE | | LUTE | |
| 160. W | AS DECEASED EVER | | AED FORCES? | | SECURITY NO. | 17 INFORMANT | ADDR | ESS | | |
| NO | S NO OR UNKNOWN) | IF TES, GIVE | WAR OR DATES) | 218.14 | 4.0420 | EVELYN B. SL | ATER (SIFE) | (SAME | AS 13 | e) |
| | Conditions, if ony, gove rise to imm couse (o), statin underlying couse | nediote g the | DUE TO, OI | | EQUENCE OF | Sypert | Innan | | may | y ye |
| | gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN | nediate g the last. | DUE TO, OI | R AS A CONSI | EOUENCE OF | T NOT RELATED TO THE TERM | * | | | |
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WALTER BROOKS BRADLEY INC., BALTO., MD. 21222

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



ector, page 3

executed within 24 hours ofter death.

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND

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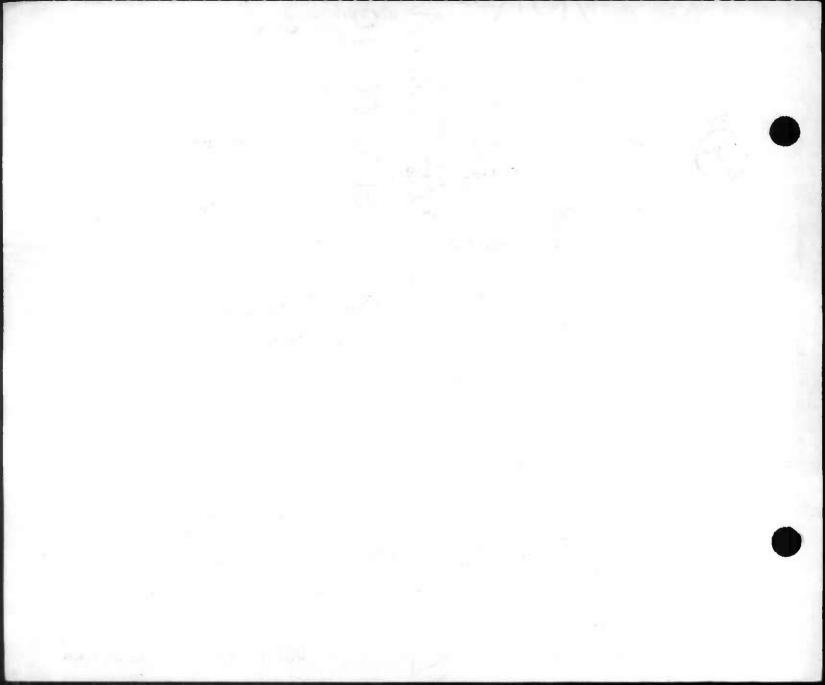
| DE | CEASED NAME FIRST | MIDDIE | | LAST | REG. N | MONTH DAY | YEAR 26 HOU |
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| | | Boy Smialkows | ski | | 100000000000000000000000000000000000000 | 10-11-84 | 6:30 |
| 3. SE | <u> </u> | 4. RACE | 5. DATE O | DE RIPTH | 6 AGE (IN YEARS LAST B | | |
| J. 3C. | Male | White | | -11-8 ^D 4 YEAR | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | YRS | DAYS HOURS 1 |
| 7a. BI | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y? 8 | | 9 BALTIMORE CITY | | |
| - | MD | USA | WIDOWE | D NEVER MARRIED X | | County | |
| 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | SING HOME | | 12a USUAL OCCUPA | TION 12b. | KIND OF BUSINE |
| , | Towson | St Joseph Hos | Spital | | (TYPE OF WORK FOR MOST | OF WORKING LIFE) IND | USTRY |
| USU. | AL RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION, GIVE RESIDENCE BEF | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | |
| | MD Balt | | | YES NO 🔀 | 1705 West | on Ave Md | 21234 |
| 14. FA | ATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN N | AME | | LAST |
| J | ohn J | Smialkowski | | Carol | | Meisel | |
| | WAS DECEASED EVER IN U.S. A | | CURITY NO. | 17 INFORMANT | ADDI | RESS | |
| · | TES, NO OR UNKNOWN) (IF TES, O | TE WAN ON DATES! | | | | | |
| | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (a), (b), | ond (cu) | D | | DN- 18 | APPROXIMATE INTER |
| | PART I. DEATH WAS CAUS | ED BY TE CAUSE OF | - | REMATUR | HYOKO | New | |
| | IMMEDIA | | Tourse | | 7 7 | | |
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| | Conditions if any which | | | I MIN | MAINNI | / | |
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked at



STATE OF MARYLAND

| | ECEASED NAME | FIRST | MIDE | | | LAST | 10 DATE OF | DEATH MONTH | DAY YEAR | 2h HOUR |
|-----------------------|--|--|---|--|------------------------------------|---|---|--|---|------------------------------|
| | Mr | s. Gera | | M. Sm | | | | October 12 | 1984 | 5:40 |
| 3. SE | X | 4 RA | VCE | | 5. DATE O | | 6. AGE (IN YE | EARS LAST BIRTHDAY) | MONTHS DAYS | HOURS / |
| | Female | | Caucasia | n | 1 | uary 11 1900 | 84 | YRS | | |
| | COUNTRY) | R FOREIGN 76. CI | ITIZEN OF WH | IAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | 9 BALTIMOI | RE CITY OR COUN | ITY OF DEATH | |
| | Arkansas | | U.S.A. | | WIDOWE | | Balti | imore Count | v | |
| 10 C | ITY OR TOWN OF D | | | SPITAL, NURSIN | | OR OTHER INSTITUTION | | OCCUPATION FOR MOST OF WORKING | | OF BUSINESS |
| | Randallstown | | | Nursing | | | Homema | 2011 | JIVE) INDUSTRI | |
| | STATE | RSING HOME OR OTHER | | E RESIDENCE BEFORE | | 113d INSIDE CITY LIMITS? | 4 | ADDRESS / ZIP CO | NDF. | |
| | Maryland | Baltimo | | Granite | | YES NO X | | Herrwood R | | 2116 |
| - | ATHER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | | 1 ACT THE COLUMN | | |
| | John Irvin | MIDDLE | E | LAST | | FIRST Nome 1 10 Pres | T | MIDDIE | 1.6 | 51 |
| _ | WAS DECEASED EVE | R IN U.S. ARMED | FORCES? 16 | b SOCIAL SECU | RITY NO. | Mozelle Bra | nson Irvi | ADDRESS | | 0.455 |
| (| (YES, NO OR UNKNOWN) | HEYES, GIVE WAR | | | | | | | | 2178 |
| | No | | | 213-74- | 8008 | 36 York Str | eet | Taney | | Mary la |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

DHMH - 16 50M 4/83 (VRA 15, 4)

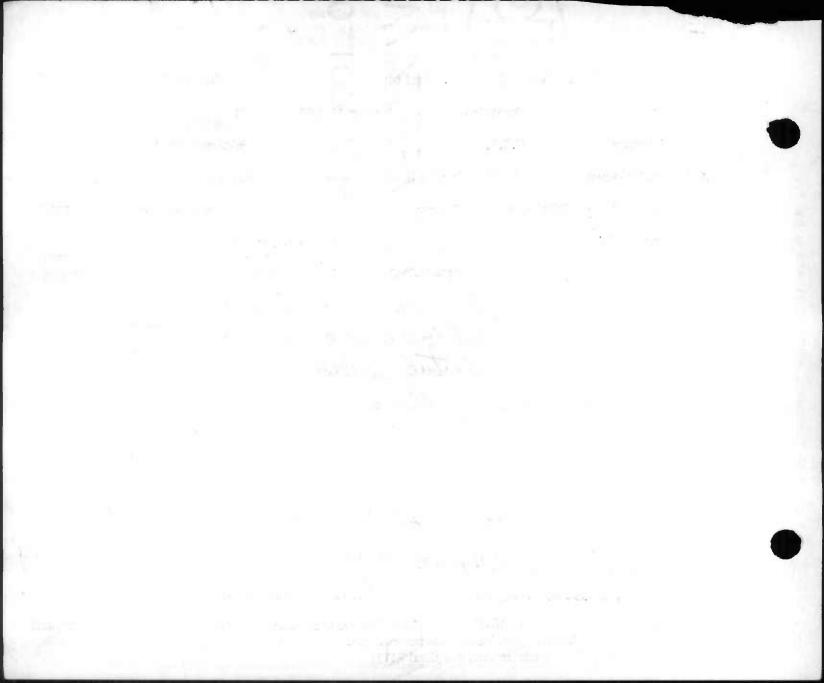
Lake View Memorial Park

Eldersburg

Carroll Maryland

10-16-84 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, 1 8728 Liberty Road Randallstown, Maryland 21133 Loring Byers Funeral Directors, Inc.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the busial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filed within 72 hours oft with the State Dept of Health and Mental Hygiene prior to busial, cremation, or removal.

IMPORTANT: If Hera 21 is morked or mental transminingry, or other troumotic event, the medical exam

STATE OF MARYLAND

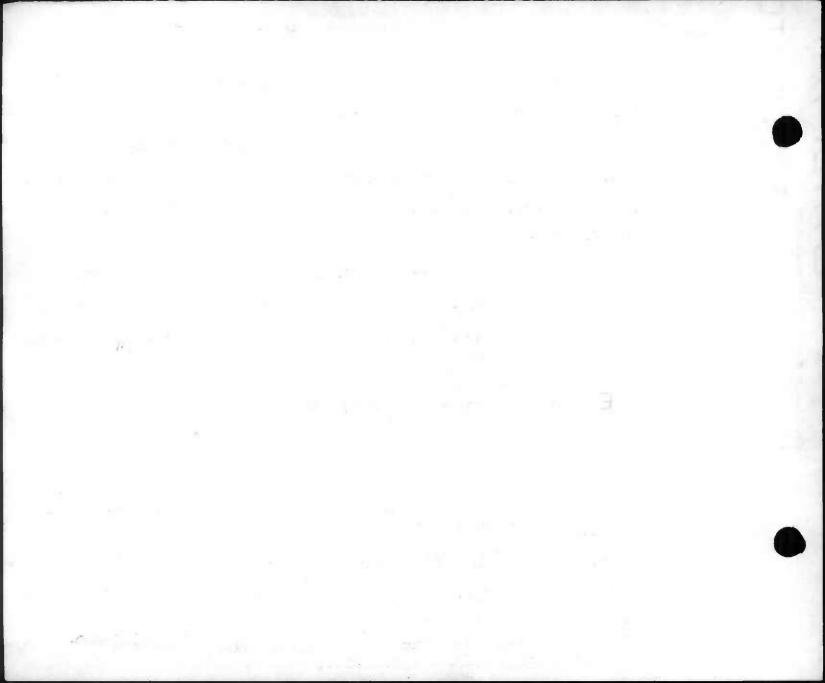
5 6

| | 1 - | STATE REGISTRAR | | DEFARIN | CERTIF | ICATE OF DEATH | REG. NO. | | |
|-----|-----------------------|--|-------------------|-------------------------|------------|-------------------------------------|--|----------------------|----------------------------------|
| | | CEASED NAME FIRST | , | MIDDLE | Ł | AST | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| | (1172 | | Smith | | | | 10/30/84 | | 8:04PM |
| ı | 3. SE) | Х | 4. RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | | Female | Cauc | | 2/2 | | 62 YRS | MONTHS DAYS | HOURS MIN. |
| | 7a. BII | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OR COUN | | |
| 2 | | Balto. Md. | USA | | WIDOWE | DX NEVER MARRIED DIO | Baltimore | Country | 445 |
| 2 | | | 11. NAME OF | | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND C | OF BUSINESS OR |
| | | Balto. | | H FACILITY, GIVE STREET | | Hogn | (TYPE OF WORK FOR MOST OF WORKING | | D |
| | USUA | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | klin Squ | ADMISSION) | nosp. | Assembly W | orker | Bendix |
| 7 | | | lto. | Balto. | | YES NO X | 13. STREET ADDRESS / ZIP CO 2512 Harwoo | d Rd., | 21234 |
| 4 | | Harry W. Decl | rer | LAST | | IS. MOTHER'S MAIDEN NAM Geftrude | | LAS | šť |
| П | | VAS DECEASED EVER IN U.S. AR | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | | |
| 1 | | YES, NO OR UNKNOWN) (IF YES GIVE | WAR OR DATES) | 213-14- | -3428 | Charles R. | Smith, same | addres | SS |
| 1 | | 18 CAUSE OF DEATH (Enter on | v one couse per | | | | | | MATE INTERVAL ONSET AND DEATH |
| - | | PART I. DEATH WAS CAUSE | BY: | 0 1 | Yocar | dial infarc | tim | 2 | hours |
| - | | IMMEDIAI | | | | Stat Inflate | | ~ | Trout 5 |
| - | | Conditions, if any, which | DUE TO, OI | RAS A CONSEQUE | | rotic coror | and honet | isase 1 | 19 VODE |
| 1 | | gove rise to immediate |) (b)— | 11110010 | | 10110 (010) | lary hear le | 1150030 | · /excv 3 |
| | | cause (a), stating the underlying cause last | DUE TO, OI | r as a conseoue | NCE OF | | | | |
| | NO | PART 2 OTHER SIGNIFICANT C | 1 | entributing to D | 1 | not related to the term | INAL DISEASE OR CONDITION (| GIVEN IN PART 10 | 0 |
| 6 | MEDICAL CERTIFICATION | 190 DATE OF OPERATION | | | | N WAS PERFORMED | 20a AUTOPSY? 20b. IF | YES, WERE FINDING | NGS USED |
| | TIFIC | | | | | | YES NON | YES [] | NO [] |
| П | CER | 210. ACCIDENT WAS UNDERLYING | | | | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | |
| | AL | OR CONTRIBUTING CAUSE OF DEA | *** | M. MONTH DA | Y YEAR | | | | |
| - 1 | DIC | 21d INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION | | COUNTY | |
| | × | WHILE NOT-WHILE THE AT WORK | (AT HOME STE | REET FACTORY OFFICE, FA | RM ETC } | STREET | CITY OR TOWN | COUNTY | STATE |
| 1 | | 22a. I certify that (I) (this hespit | al) attended th | e deceased from | AF | 10 19 73 | 10 October 30 | 10 34 | that (I) (mm) last |
| | | saw the deceased alive on. | Septemb | er 18 19 B | | | death accurred on the date and h | | causes stated |
| | | obove, (1) (wet/did) (did not 22b SIGNATURE | view the body | ofter death. | | DEGREE | | 22¢ DATE | SIGNED |
| | | Henry | 1.00 | Bebitt | , m | ATTENDING PHYSICIAN D | MEDICAL STAFF ▼ DIRECTOR □ PHYSICIAN □ | Nove | 1 |
| 1 | | 220 PHYSICIAN'S NAME IT PED | PRINT) | | | 22e ADDRESS | | 01 | , |
| | | Henry | 1. 13 | Sabitt. | u.D | 2724/ | Vorth Charle | 52 94. | 21208 |
| | 23a B | BURIAL, CREMATION, REMOVAL | 236. DATE | | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| | | Burial | 11/2 | | rela | and Memorial | | Id. | |
| | 24 Ft | Schimunek Fu | neral 1 | HomeTr | ıc. | | E REC'D BY DEGISTRAR ZSWIEG | J.RAB SANA | St. |
| | | 9705 Belair 1 | | | | 21226 | | | B. |

21236

DHMH - 16 50M 4/83 (VRA 15, 4)

9705 Belair Road, Balto., Md



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours

etained by the hospital or attending physician.

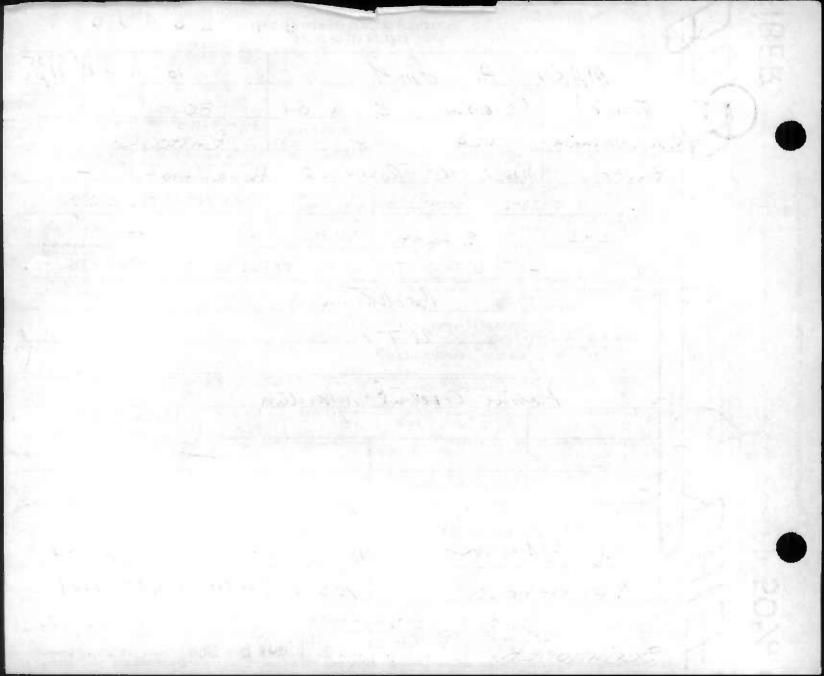
SOP.

DEDARTMENT OF HEALTH AND MENTAL INCIDE

| X | 1 65 | | | | DUE | | ICATE OF DEATH | REG. | | DAY WEST | In the |
|-----|-----------------------|--|--|---|--|--|--|---|--|---|-----------------------------|
| | | OR PRINT) | ARY | A. | DIE O | Em. H | AST | 20 DATE OF DEATH | MONTH | 31 84 | 26 HO |
| | 3. SEX | - | 4 | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST ! | HRIHDAY | MONIHS DAYS | IF UNDER |
| | | Female | | Canca | | 5 | a 04 | 80 | 110. | | |
| 3.0 | _ (| RTHPLACE (STATE OR | | CITIZEN OF WI | | Y? 8. MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| 1/ | | avoleonos | | VS | | WIDOWE | | BA | 140. | 60. | |
| 10 | 10. CI | BAHO. | ATH 1 | | SPITAL, NURS FACILITY, GIVE STRE | FET ADDRESSA | SS VILLE | 120 USUAL OCCUPA (JYPE OF WORK FOR MOST | OF WORKING I | | OF BUSIN |
| 36 | | AL RESIDENCE (IF NUR. TATE M | 136 COUNT | | ROSSV | | 13d. INSIDE CITY LIMITS? YES NO 📉 | 6600 RIC | ge R | å. 212 | 37 |
| 30 | 14 FA | THER'S NAME FIRST Emanue | | ODLE | SIAD | ak | Albina | WE | | Hrabak | S1 |
| 1 | 16a V | VAS DECEASED EVER (ES. NO OR UNKNOWN) NO | | | SOCIAL SE | | Webster Sm | ith III | | Pineda | 212. le [|
| | | 18. CAUSE OF DEAT | | | ne far (o), (b) | and total | - | | | APPRO: BETWEEN | XIMATE INTE |
| | | Canditions, if ony gave rise to im- cause (a), statii | mediote ng the | DUE TO, OR A | AS A CONSEC | IT | , | | | | 100 |
| 9 | CATION | gave rise to im- cause (a), statu underlying cause | mediote ng the last. | DE TO, OR A | AS A CONSECUTIVE THE COMPANY OF THE | OUENCE OF O DEATH BUT | NOT RELATED TO THE TERM | - | 20b. 1F YE | ES, WERE FIND | INGS USE |
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| 99 | AL CERTIFICATION | gave rise to imcause (a), stating underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING | mediate ng the last. NIFICANT CO TION DERLYING CAUSE OF DEATH | DUE TO, OR A CO CO CO CO CO CO CO CO CO C | AS A CONSECUTIVE TO THE COMMENT OF T | O DEATH BUT CH OPERATIO | infarction was gerformed | 200 AUTOPSY? YES NO | 206. IF YE IN CERT | ES, WERE FIND IFYING CAUSE 'ES [] | INGS USE S OF DEA |
| 99 | MEDICAL CERTIFICATION | gave rise to imcause (a), stating underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [LIF ETIMER NOTIFY MED 21d. IN JURY OCCUR | mediate mg the e last. NIFICANT CO TION DERLYING CAUSE OF DEATH ICAL EXAMINER) | DUE TO, OR A (c) DIDITIONS CON 196 CONDITION 216, TIME OF H H HOUR A.M. P.M. 216, PLACE OF | AS A CONSECUTIVE TO THE CONTROL ON FOR WHICH MONTH | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 | infarction was gerformed | 200 AUTOPSY? YES NO | 206. IF YE IN CERT Y | ES, WERE FIND IFYING CAUSE 'ES | INGS USE S OF DEA |
| 99 | | gave rise to imcause (a), stating underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF ETIMER NOTIFY MED 21d. IN JURY OCCUR WHIE NOT WAT WORK NOT WAT WORK 22a. I certify that (!] | mediate mg the e last. NIFICANT CC TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE CONTROL (this hospite and olive on ed alive | DUE TO, OR A (c) DNDITIONS CON 19b CONDITH 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE | AS A CONSECTION OF FOR WHICH INJURY MONTH FINJURY INJURY INJURY INJURY OFFICE INJURY OFFICE INJURY OFFICE INJURY INJURY OFFICE | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 19 | 21c. HOW INJURY OCCUR | 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN | 206. IF YE IN CERT Y JURY IN TIEM 18 | ES, WERE FINDI IFYING CAUSE: ES | NGS USE S OF DEA NO [|
| 99 | | gave rise to imcause (a), stating underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF ETHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT W AT WORK AL WO 22a. certify that (!' sow the decease above, (!) (we) (?' 22b. SIGNATURE | mediate mg the period of the p | DUE TO, OR A (c) DNDITIONS CON 19b CONDITION 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE | AS A CONSECTION OF FOR WHICH INJURY MONTH FINJURY INJURY INJURY INJURY OFFICE INJURY OFFICE INJURY OFFICE INJURY INJURY OFFICE | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.) | 211. LOCATION STREET 19 and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN | 20a AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR death occurred an the | 206. IF YE IN CERT Y JURY IN ITEM IS | ES, WERE FINDIFYING CAUSES (ES PART 1 OF PART 2) COUNTY 19 ur and from the | NOS USES OF DEA |
| 999 | | gave rise to imcause (a), staffi underlying cause (a), staffi underlying cause (b) and (c) and | TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospitoled olive on did) (did not) AME (TYPE OR) | DUE TO, OR A (c) DNDITIONS CON 19b CONDITION 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE | AS A CONSECTION OF FOR WHICH INJURY MONTH FINJURY INJURY INJURY INJURY OFFICE INJURY OFFICE INJURY OFFICE INJURY INJURY OFFICE | DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.) | 211. LOCATION STREET 19 nd that in (my) (aur) opinian DEGREE ATTENDING | 200 AUTOPSY? YES NO CITY OR CITY OR death occurred an the | 20b. IF YE IN CERT Y JURY IN TIEM IS TOWN AFF | ES, WERE FINDIFYING CAUSES (ES PART 1 OF PART 2) COUNTY 19 ur and from the | that (1) ce couses st |

DHMH - 16 50M 4/83 (VRA 15, 4)

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| STATE | OF MARYLAND | |
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DEPARTMENT OF HEALTH AND MENTALHYGINE

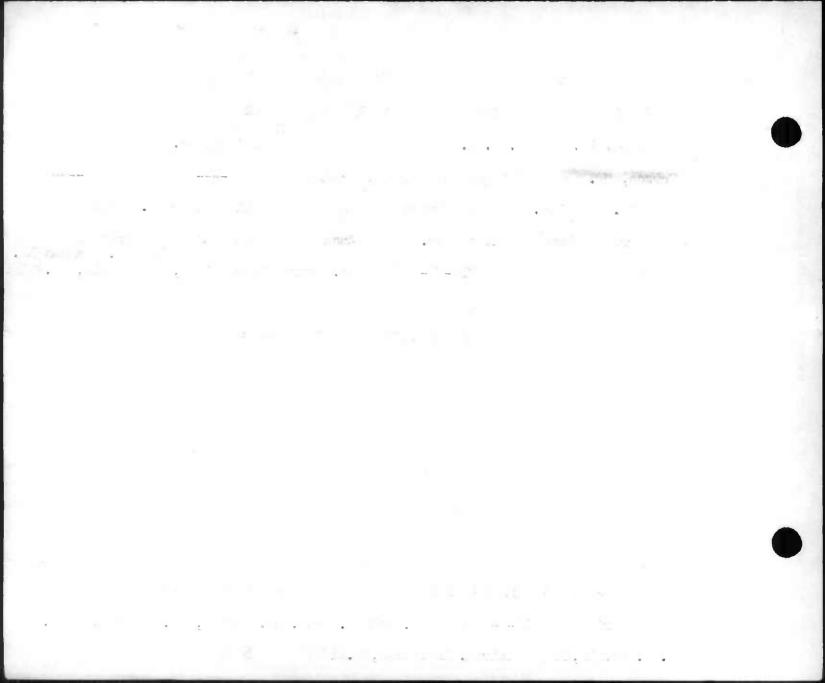
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| ben | 0 | - | | - |
| | | | | |

| | FOR STATE REGISTRAR | | | HEALTH AND MENTACHY FICATE OF DEATH | YGIENE & REG. N | o. | • |
|-----|---|---|---|--|--|---|--------------------------|
| | 1. DECEASED NAME (TYPE OR PRINT) | 10ry | <u> </u> | mith | 10/29/ | MONTH DAY YEAR | 26 HOUR - |
| 1 | 3. SEX | 4 RACE | 5. DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIR | MONTHS DAY | |
| 1 | Female | Whit | | | 52 | YRS | |
| d | To. BIRTHPLACE (STATE OR FO | OREIGN 76. CITIZEN OF | WHAT COUNTRY? 8. MARRI | ED NEVER MARRIED | BALTIMORE CITY | OR COUNTY OF DEATH | |
| 7 | Fallston, Md | | A. WIDOW | ED DIVORCED | Haltimore Co | 0. | MD. |
| 7 | Torson, Md. | OF OF OF | HOSPITAL, INURSING HOME THE FACILITY, GIVE STREET ADDRESS) OVER TESIDENCE BEFORE ADMISSION | spital | 12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C | | OF BUSINESS OR |
| 2 | 130 STATE Md. | ID COUNTY | Baltimore | YES AO | 6116 Bela | ZIP COPE Lr Rd. 212 | 206 |
| 1 | FATHER'S NAME FIRST Warren | Kemp Smi | th Sr. | Anna FIRST | JAME MIDDLE | Shanal | |
| 2 | 160° WAS DECEASED EVER ((YES, NO OR UNKNOWN) NO | N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 214-76-7964 | Mr. Warren | n Kemp Smith | | Chapman Rd Ls, Md.211 |
| | | the lost. (c) | R AS A CONSEQUENCE OF | | | | |
| 1 | 190 DATE OF OPERAT | ION 196 COND | ITION FOR WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [| |
| 1 | OR CONTRIBUTING C | AUSE OF DEATH HOUR A | M. MONTH DAY YEAR M. 19 | 8 | JRRED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART I OR PART? |) |
| | 21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR | LE CAT HOME ST | OF INJURY REET FACTORY OFFICE, FARM ETC] | 211 LOCATION STREET | CITY OR TO | OWN COUNTY | STATE |
| | saw the decease above, (I) (we) (d | (this hospital) attended the dialive an: id)(didinat) view the body | 19 | and that in (my) (our) apinic | on death accurred on the d | ate and hour and Irom t | |
| | 22b. SIGNATURE | day Doch | Lem, m. | | | FF As to ! | 29/84 |
| | NATIVI | | E LEON | | EPH HOSPI | TAL | |
| | 230 BURIAL, CREMATION, I | 236 DATE 11-2-] | | ohn R. Cath.C | em. Hydes, | Md. Baltimo | re Md. |
| - 1 | Bas street to be a second | | | 100 0 | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Item 21 is marked or Item 18 shown on injury, or other traumatic event,

E. F. Lassahn, 11750BelairRd. Kingsville, Md. 21087 NOV \$ 1984



4 moy be

within 24 hours ofter

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT WHY GIENE CERTIFICATE OF DEATH

| etha. | | -48 | 73 | - 1 |
|---------|---|-------|----|-----|
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| go come | | | | |

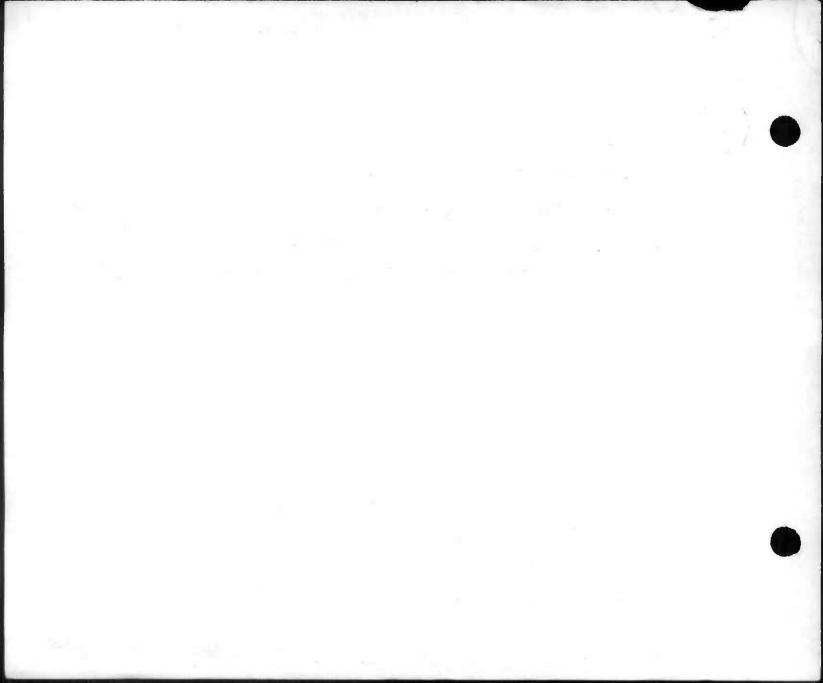
| - 1 | | REGISTRAK | | | | | | REG. NO | | | | |
|----------|---------------|---|--------------------------------------|----------------------|-----------|------------------------|------------|----------------------------------|-------------------|--|-------------------------|-----------------|
| | | CEASED NAME FIRST OR PRINT) Myrtle | A. Smith | | L | AST | | October1 | | DAY YEAR | 26 HOL | IR M |
| ł | 3. SEX | | 4. RACE | | 5 DATE O | F BIRTH | 6 | AGE (IN YEARS LAST BIRTI | (DAY) | IF UNDER 1 YEAR | IF UNDER | 24 HRS |
| | | emale | White | | May | 5,1898 | EAR | 86 | YR5 | MONTHS DAYS | HOURS | MIN. |
| | | | 76 CITIZEN OF WI | HAT COUNTRY? | 8. | NEVER MARRI | EU II | BALTIMORE CITY OF | | | | |
| 2 | | aryland | USA | | WIDOWE | D DIVORC | ED 📄 | Baltimore (| | | | MD. |
| 1 | Ba | alto. Highlands | 2920 De | ACILITY, GIVE STREET | Avenu | R OTHER INSTITUTION | | 20 USUAL OCCUPATION OF HOUSEWIFE | | 126 KIND (INDUSTRY OWN H | | ESS OR |
| 7 | 13a S | | other institution, ge IY IMORE | Balto. | High. | 134 INSIDE CITY LIV | | 2920 Delawa | zip copi are A | venue 2 | 1227 | |
| 1 | | THER'S NAME FIRST Eroge F. Mortime | WIDDLE | LAST | | Alice V | | WIDDLE | | LA | 51 | |
| 7 | 16n W | AS DECEASED EVER IN U.S. AR | MED FORCES? 10 | SOCIAL SECT | JRITY NO. | 17 INFORMANT | | ADDRES | 55 | 21 | 227 | |
| | (4 | ES NO OR UNKNOWN) (IF YES, GIV | WAR OR DATES) | 216-07- | 6353 E | Alice S | peelm | man 5716 Fi | rst A | ve.Hal | ethor | me_ |
| | 9 | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT | Ď BY: E CAUSE (0) | ne for (o), (b), or | | Ca | 37 | In Head | tak | BETWEEN | ONSET AND | RVAL |
| | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C | (c) | AS A CONSEOU | | | | J | ITION CIL | /(SALINI DADA) | | |
| | N | PART 2. OTHER SIGNIFICANT | ONDITIONS <u>CON</u> | TRIBUTING TO | DEATH BUT | NOT RELATED TO T | HE LEKMIN | ANT DISEASE OR CONL | IIION GI | VEN IN PART I | 0 | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITE | ON FOR WHICH | OPERATIO | N WAS PERFORMED | > | 200 AUTOPSY? | IN CERTI | S, WERE FINDI FYING CAUSE: ES [] | | TH? |
| 1 | AL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | in . | MONTH D | AY YEAR | 21¢ HOW INJURY | OCCURRE | D (ENTER NATURE OF INJUR | IN ITEM 18 | PART OR PART 21 | | |
| | MEDICAL | 716 INJURY OCCURRED | 21e PLACE OF | FACTORY OFFICE | | 211 LOCATION STREET | | (ITY OF TOV | 17 | OUNTY | - 1 | ATATE |
| | | AT WORK AT WORK | | 1. | | | 74 | | | 1087 | | - In the second |
| | | sow the deceosed olive on obove, (1) [wei (did) (did no | | | 7 " | nd that in (my) (our) | opinion de | eoth occurred on the do | te and hou | on from the | that (I) (couses st | |
| | | 278 SIGHATURE | - 161 | 2 35 | 1 | DEGREE | DINC | AAEDICAL STAE | | 22c DATE | SIGNED | |
| _ | | 214 PHYSICIAN'S NAME (1116 O | 82000 | | _ | PHYSI | CIAN XX | MEDICAL STAF DIRECTOR PHYSIC | AN 🗌 | 18 0 | ct 8 | 4 |
| | | | 1 | M D | | | ~ (D | ino Hoighta | 7 | ~ 217 | 200 | |
| \dashv | 220 0 | Dr. Raymond | 239 DATE | | NAME OF C | EMETERY OR CREM | | ine Heights | ave | s. 212 | .79 | |
| | (20 8 | Burial | 10/20/8 | 00000 | | Park Ceme | | Baltimore | e Cit | y Mary | and | STATE |
| | 24 FL | INERAL DIRECTOR | | ADDRESS | | | UCT | REC'D. BY REGISTRAR | Sh. REGIS | un an | andal | Ra . |
| | An | mbrose Funeral 1 | Home 132 | 28 Sulph | ur Sp | ring Rd. | 001 | - 0 1304 | | | • | |

1328 Sulphur Spring Rd.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for with the State Dept of

OR: After this certificate has been signed by the attending pliviting so as the buriol-transit permit. Then please remove corbanding Health and Mental Hygiene prior to buriol, cremation, or removal.



injury, or other troumatic event, the

should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by

page 3

moy be

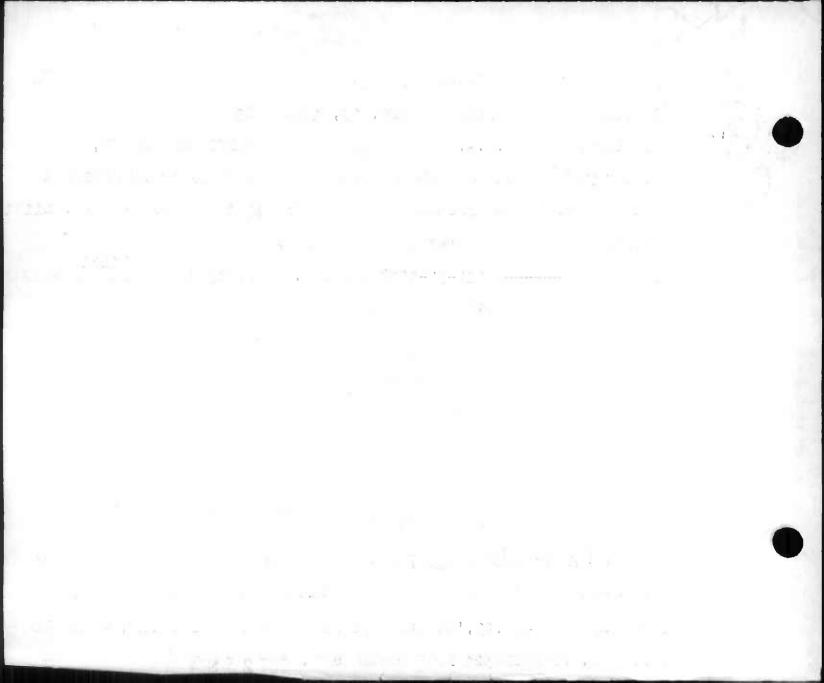
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGENE CERTIFICATE OF DEATH

26598

| REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO | D. | | |
|---|------------------|---------------------|-----------------------|-------------|------------------------------|--------------------|----------------|------------------|---------------------------------|----------------------------------|
| . DECEASED NAME | FIRST | | WIDDLE | t | AST | 2a DATE C | | | AY YEAR | 26 HOUR |
| (TYPE OR PRINT) | SARA | H S | YLVIA | 5 | SMI TH | | | 10- | 71-1984 | 11 AM |
| 3. SEX | | 4 RACE | | S. DATE C | | 6 AGE IIN | YEARS LAST BIR | | F UNDER LYEAR | IF UNDER 24 HRS HOURS MIN. |
| FEMALE | | WHI | ΨE | DEC | 0-0 | 85 | | YRS. | | Mar. |
| a BIRTHPLACE (STATE | OR FOREIGN | | WHAT COUNTRY | 2 8 | | 9 BALTIM | ORE CITY O | | OF DEATH | |
| MARYLAI | 4D | U.S | . A. | WIDOWE | D NEVER MARRIED C | | TIMOH | RE CO | UNTY. | MD |
| 0 CITY OR TOWN OF | | 11. NAME OF | | ING HOME C | OR OTHER INSTITUTION | 12a USUAL | OCCUPATE | ON | 12b. KIND OF | BUSINESS OR |
| TOWSON 2: | ,204 | STELL | A MA | RIS | HOSPICE | PRACT | | | | CINE |
| USUAL RESIDENCE (#1830. STATE MARYLAND | 13h COU | | PHOENI | WN | 134. INSIDE CITY LIMITS? | 138.STREET | ADDRESS / | ZIP CODE PPLE | GATE R | D. 211 |
| 4 FATHER'S NAME | | | | | 15. MOTHER'S MAIDEN N | IAME | WIDDLE | | | |
| JACOB | | MIDDLE | HORWIT | 7. | RACHE | ī, | MIDDLE | | LAST | |
| 60 WAS DECEASED E | | | 16b. SOCIAL SEC | | 17. INFORMANT | | ADDRE | 55 | 21121 | |
| NO | (IF YES, GI | VE WAR OR DATES) | 212-32- | -1234 | NANCY D. | YOCKEY | 13810 | CRTP | 21131 PLEGAT | E ROAT |
| | ATILICAL | 1 | line far (a), (b), a | | MANUL D. | TOOM | 1701 | OILLI | | AATE INTERVAL INSET AND DEATH |
| | H WAS CAUSE | D BY: | AR 13 TE | | 1112 040 0. | T.15 | F. 14 | - 4 8 | BETWEEN OF | NSET AND DEATH |
| | IMMEDIA | TE CAUSE (a) | ACOIE | NON | LYM PHOCY | 1/ | LEUK | = /7 / /5 | | |
| | | DUE TO, O | r as a consequ | JENCE OF | | | | | | |
| Conditions, if | | (p)_ | | | | | | | - | |
| couse (o), st | | DUE TO, O | R AS A CONSEQU | JENCE OF | | | | | | |
| andertying co | 1030 | (c) | | | | | | | | |
| | IGNIFICANT | CONDITIONS <u>C</u> | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | RMIN AL DISEA | SE OR CON | DITION GIVE | N IN PART 1to | |
| NO THE OF OPE | | | | | | | | | | |
| M 190 DATE OF OPE | RATION | 196 COND | ITION FOR WHICH | H OPERATIO | N WAS PERFORMED | 20a AU1 | OPSY? | | , WERE FINDING YING CAUSES (| |
| HI. | | | | | | YES 🗌 | NO | YES | | NO 🗆 |
| 210. ACCIDENT WAS | | NOUS A | | DAY YEAR | 214 HOW INJURY OCCU | JRRED (ENTER N | ATURE OF INJUR | Y IN ITEM 18 PA | RT I OR PART 2) | |
| OR CONTRIBUTING | | Ain | .M. | 19 | | | | | | |
| (IF EITHER, NOTIFY) 216. INJURY OCC | | 21e PLACE | OF INJURY | | 211 LOCATION | | City OR TO | w/bi | COUNTY | STATE |
| ANTILL NO | WHILE | (AT HOME ST | REET, FACTORY, OFFICE | FARM, ETC) | SIRECT | | CIII ON TO | | | 31416 |
| 22a I certify tho | t (1) (this hasp | | e deceased fram. | 10 - | 19.8 | 4, to | 10-2 | | 19.84 , 11 | hat (I) (we) last |
| | eased alive or | ot) view the body | | 87 .01 | nd that in (my) (aur) apinio | n death occur | ed on the do | ate and have | and from the co | auses stated |
| 27b. SIGNATURE | - 10 | - 0 | orier geom. | _ | DEGREE | | | | 22c. DATE S | SIGNED |
| | DYCH | aull | MOA N | MI | ATTENDING PHYSICIAN | MEDICAL DIRECTO | STAF | | 10/2 | 1/84 |
| 22d PHYSICIAN" | NAME (TYPE | OR PRINT) | | | 22e ADDRESS | G Dinzero | | | 1/0/0 | 101 |
| KEND | 4 L L | FAULK | NER | M.D | STELLA | MARIS | HOSI | PICE | TOWSON | , MD |
| 30. BURIAL, CREMATIO | | | | | EMETERY OR CREMATORY | y 23d. LOC | | | | |
| CREMATTO | V | OCT 2 | 3. 184 0 | REEN | MOUNT CEM | EUBA | RAT. | ROMTT | F MAR | ON A TYS |

DHMH - 16 50M 4/83 (VRA 15, 4) 74 FUNERAL DIRECTOR
WILLIAM E. JOHNSON8521 LOCH RAVEN BLVI

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

| × | 1- | STATE REGISTRAR | | DEFARIA | | ICATE OF DEAT | [H | REG. N | 10. | , , | |
|---|---------------|--|------------------|--------------------------------------|------------|-------------------------------|-------------|------------------------------------|------------|--------------------------|-----------------------------------|
| 1 | | CEASED NAME FIRST | A | MIDDLE | | AST | 2 | DATE OF DEATH | MONTH | DAY YEAR | 2b HOUR |
| ı | 3. SEX | | 4. RACE | # 5 | S. DATE C | W Jr. | | AGE (IN YEARS LAST BI | 10 | OS 84 | F LINDER 24 MPS |
| | J. SEA | Male | 4. RACE | hite | MONTH | DAY Y | YEAR | AGE (INTERRSTRATIO | .1 | MONTHS DAYS | HOURS MIN. |
| 1 | 7e. Blf | RTHPLACE STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARR | 9 | BALTIMORE CITY | OF COUN | | 0 |
| 1 | 1 | MARVLAWD | | SA | WIDOWE | D DIVORC | ED U | Bal | time | a) sia | why MD |
| 1 | 10, C). | TY OF TOWN OF DEATH | 11. NAME OF I | HOSPITAL, NURSIN | IG HOME (| OR OTHER INSTITUT | | TYPE OF WORK FOR MOST | | | OF BUILDIESS OR |
| 4 | USUA | andalls town AL RESIDENCE (IF NURSING HOME OR | Baltimo | re County | ADMISSION) | ral Hospi | tal | Disabled | - | | - |
| l | 13e. S | TATE 136 COUN | imore | Rockdale | N | 13d. INSIDE CITY LI | | e.STREET ADDRESS | | | 21207 |
| / | | THER'S NAME | | | | 15. MOTHER'S MA | | | ora. N | | |
| 1 | | William H. Smi | th Sr. | LAST | | Mamie | 2 H. M | axfield | | LA | 51 |
| | | | E WAR OR DATES) | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT E | Baltim | ore, ADDR | ML | 2120 | 7 |
| Ì | Ye | | 1/1/57 | 216-36-0 | | Mrs. Lory | raine | Schanberg | er 3 | 3029 Rol | |
| | | 18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE | D BY: | line for (o), (b), on | H Calp | c Fail | JAC | | | BETWEEN 2 | ONSET AND DEATH |
| | | IMMEDIA | DUE TO O | R AS A CONSEQUE | NCE OF | 1 | | | | | 1 |
| 1 | 9 | Conditions, if ony, which gove rise to immediate | (b) | Alc | oho | hu H | e part | 1115 | | 34 | ROKH |
| | | couse (a), stating the underlying couse last. | DUE 10, OI | R AS A CONSEQUE | NCE OF | Fail | 0 | | | 14 | Rek |
| 9 | NO | PART 2 OTHER SIGNIFICANT (| CONDITIONS CO | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO T | HE TERMIN | AL DISEASE OR COM | NDITION | GIVEN IN PART 1 | 0. |
| | CERTIFICATION | 1% DATE OF OPERATION | THE CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | D | 200 AUTOPSY? | IN CER | YES, WERE FINDI | |
| ? | CER | 21a. ACCIDENT WAS UNDERLYING | | FINJURY M. MONTH DA | AY YEAR | 21c. HOW INJURY | OCCURRED | ENTER NATURE OF INJ | | | J |
| F | MEDICAL | OR CONTRIBUTING CAUSE OF DEA | P.1 | Μ. | 19 | | | | | Leum | |
| | MED | WHILE OCCURRED NOT WHILE AT WORK | 21e. PLACE (| OF INJURY REET, FACTORY OFFICE, F | ARM ETC) | 211. LOCATION STREET | | CITY OR T | OWN | COUNTY | STATE |
| | | 220 I certify that (I) (the hospi sow the deceased alive on above (I) (we) (did) (did no | | | 87,0 | nd that (my) our) | opinion dec | to 0 | dote and h | our and from the | tho (i) we) lost couses stated |
| | 6 | 27b. SIGNATURE | to~/ | A . I | O M | DEGREE | DING | MEDICAL STA | AFF | 22c. DATE | SIGNED |
| | | 224 PHYSICIAN'S NAME (TYPE C | OR PRINT) | chor- | | 22e ADDRESS | ICIAN 🔄 I | INECTOR PHIS | LI C | 11- | 301 |
| | | 119 Har | | relan V | MD | 8726 L | belty | 1 Huzy No | ell | Kandallsta | AH were |
| | | URIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 10-11- | | | emetery or crem ne Park Ce | | 23d LOCATION CITY OF TOWN WOOdlawn | D~1 | COUNTY | STATE |
| | 24 FL | | | Funeral, 1 | | | 25a. DATE R | EC'D. BY REGISTRAL | R 25b. REG | timore ISTRAR'S SIGNA | MD TURE |
| | 87 | 28 Liberty Rd. | Randal | Istown, N | | 21133 | OCT | 1 5 1984 | Trelian | Davidson-A | indese |

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

TO HOSPITAL OR ATTENDIN

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

ttor, page 3 after death

FOUR PERSON OF THE PROPERTY OF THE PROPERTY OF VI. and Steel Services the same of the sa The 5 Miller of Strains 2 get mell as a second little S. Q. H. D. A.S. the property of the same of th 1880) State (Speller) State and I

20M 4/82

STATE OF MARYLAND

10 PART OF THE 21 1968 21 Norgame U.S.A. tettndeu Margland Baltimore | Deform Mills | 10. Box 195 Homewood Center

Paul Ererendeo III Element

3000

Constion Cot. 6, 1984 Mentrice Mon. Prov. Pottomerillo Delchore Md. College Company Change Charello .AM .BISEL - MR.

216-14-95E

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT HYGIENE

6 6 0

| 1 - | STATE REGISTRAR | | DEPART | CERTIF | ICATE OF DEATH | REG. | NO | | |
|-----------------------|--|--|---|--|---|---|--|---|---|
| 1. DEC | CEASED NAME FIRST | | MIDDLE | i. | AS1 | 20. DATE OF DEATH | | AY YEAR | 2b. HOUR |
| 1 TYPE | E OR PRINT) | er. | I. | STANS | RITRY | October | 4 1984 | | 10:20 |
| 3. SE | | 4. RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST | | F UNDER 1 YEAR | IF UNDER 24 H |
| | emale | Whit | :e | | 8, 1904 YEAR | 80 | | ONTHS DAYS | HOURS M |
| | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN O | F WHAT COUNTRY | 2 8 | | 9 BALTIMORE CITY | | OF DEATH | |
| (| Maryland | U.S | .A. | WIDOWE | DI NEVER MARRIED DIVORCED X | Baltim | ore Cou | nty | |
| | ITY OR TOWN OF DEATH | (IF NOT IN S | UCH FACILITY, GIVE STREE | ING HOME C | or OTHER INSTITUTION ng Center | 120 USUAL OCCUPA (1YPE OF WORK FOR MOS Clerk- Ba | ATION STOF WORKING LIFE | 126 KIND (| ourt H |
| 13a. S | | | | RE ADMISSION) | 13d INSIDE CITY LIMITS? | 130 STREET ADDRES | S / ZIP CODE | | |
| 14. F.A | ATHER'S NAME FIRST William | MIDDLE N | lenchine | | IS MOTHER'S MAIDEN NA FIRST Lily | ME MIDDLE | Faunce | LA | 51 |
| | WAS DECEASED EVER IN U.S | ARMED FORCES | | URITY NO. | 17 INFORMANT | | REimeki | | |
| 1 | YES, NO OR UNKNOWN) 1 IF YES | GIVE WAR OR DATES) | 213-48-0 | 0915 | Angela R. Ke | | | | |
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I with the State Dept. of Meolth and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE

| - | FEGISTRAR | | | DEPART | | EALTH AND MENTACHYG ICATE OF DEATH | REG. N | 10 | | |
|-----------------|--|--|--|---|-----------------------------------|---|---|---|---|---------------------------------|
| DEC | CEASED NAME | FIRST | | MIDDIE | L. | AST . | 20 DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| | OF PENNIS | | | | - | | | | | |
| | | 1EN F | | W. | | APF | Uctober | | 984 | 1.55 |
| 3. 5EX | | | 4 RACE | | S. DATE O | | 6 AGE (IN YEARS LAST B | | MONTHS DAYS | HOURS N |
| 1 | M ale | | 4 | hite | | t. 25, 1914 | 70 | YRS | NOWING DATA | HOURS N |
| | RTHPLACE ISTATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| | Balto.Mary | land | U52 | 3 | WIDOWE | | Baltin - | 00 | - 1- | |
| | TY OR TOWN OF DEA | | 11. NAME OF H | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | | F BUSINESS |
| - | mp | 1 | (IF NOT IN SUC | H FACILITY, GIVE STREET | | 11.1 | retired | | | ote |
| LISTIA | AL RESIDENCE (# NURS | INC HOME OF | OT. J | Seph | HOS | 2/49 | retited | Owner | Me | ats |
| 13a. S | STATE | 136 COUN | ITY | 13c. CITY OR TOW | N | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | 212 |
| Ma | aryland | Balt: | imore | Towson | 1 | YES NO XX | One Smet | on Plac | ce #106 | |
| 14. FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | | | |
| | Fred | , | C. | Stapf | | Sophia | MIDDLE | | Wende | lkin |
| 16a. W | VAS DECEASED EVER | IN U.S. AR | | 166. SOCIAL SECU | IRITY NO. | 17 INFORMANT | ADDF | RESS | | |
| (Y) | YES, NO OR UNKNOWN) | (IF YES, GIVE | E WAR OR DATES) | 215-10-2 | 048 | Fred L.C.Sta | pf 133 Weld | come A | lley,Ba | 1.Md. |
| | 18 CAUSE OF DEAT | H (Enter onl | ly one cause per | line for (a), (b), an | dicki | ~ k | 2 | _ | APPROXI BETWEEN | MATE INTERVAL |
| | PART I. DEATH W | AS CAUSE | D BY: E CAUSE (v) | Cane | | 011.6 | | | HON | |
| | Conditions, if any, gave rise to improve (a), stating underlying cause | mediate ng the | DUE TO, OI | r as a conseque | ENCE OF | | | | | |
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

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| 1 | REGISTRAR | | | | CERTIF | ICATE OF I | PEATH | REG. NO | 0. | | |
|---|-----------------------------------|-----------------|-------------------|--------------------------|------------|-----------------|---------------------|---------------------------|------------|-----------------|---------------------------------|
| ١ | 1. DECEASED NAME | FIRST | | MIDDLE | | LAST | • | | MONTH | DAY YEAR | 26 HOUR |
| 1 | (TYPE OR PRINT) | KATHE | RINE | AUGUSTA | STA | ARCK | | Oyober | 19 | 1984 | 12:40 M |
| 1 | 3. SEX | | 4 RACE | | 5. DATE O | OF BIRTH | | 6. AGE (IN YEARS LAST BIR | [HDAY] | IF UNDER 1 YEAR | |
| - | FEMALE | | WHI | TE | 03 | 18 | 08 | 76 | YRS. | MONTHS DATS | HOURS MIN. |
| 1 | To BIRTHPLACE ISTAT | E OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER | AABBIED [] | 9 BALTIMORE CITY O | | Y OF DEATH | |
| į | MARYLAND | | U.S | .A. | WIDOWI | | VORCED | BALTIMOR | E CO | UNTY | MD. |
| 1 | 10 CITY OR TOWN OF | DEATH | | HOSPITAL, NURSIN | | OR OTHER INS | NOITUTION | 12a. USUAL OCCUPATI | | | OF BUSINESS OR |
| 4 | HALETHOR | | 5646 | CARVILLE | AVE | WE, 21 | 227 | HOUSEWIFE | | | |
| 1 | USUAL RESIDENCE (# | NURSING HOME O | | GIVE RESIDENCE BEFORE | | 113d INSIDE C | ITY LIMITS? | 13e STREET ADDRESS | ZIP COL | DE | The second |
| d | MARYLAND | BAL | TIMORE | HALETHO | RPE | YES 🗌 | NO 😿 | 5646 CARY | /ILLE | AVE. | 21227 |
| | 14. FATHER'S NAME | | MIDDLE | LAST | | 15. MOTHER | S MAIDEN NAM | ME | | LAS | ST |
| 1 | UNKNOW | | / | PLITI | | | INNIE | | | OTI | EN |
| | 160. WAS DECEASED E | | RMED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17 INFORMA | INT | ADDRE | .\$5 | | |
| 1 | NO | | | 218-18- | 5835 | JOSEP | H STARC | K 522 N. RC | CK G | | |
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| 1 | PARTI. DEAT | | TE CAUSE (o) | Chun | 200 | stuce | me / | welliamy 10 | rsec | 224 | |
| 1 | | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | |
| ı | Conditions, if | | (b)_ | | | | | | | | |
| ı | gave rise to couse (a), s | tating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | |
| ı | underlying c | ouse last. | (c) | | | | | | | | |
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| 7 | S IN DAIL OF OF | EKATION | 170 COND | morrox which | OFERATIO | TO THE CO | KMED | YES NOT | IN CERT | IFYING CAUSES | S OF DEATH? |
| 5 | 21g. ACCIDENT WA | SUNDERLYING [| 7 21b, TIME O | F INJURY | | 121c. HOW IN | JURY OCCURE | RED (ENTER NATURE OF INJU | | | NO [] |
| 1 | 00.000,000,000,000,000 | CAUSE OF DE | HOUR A. | | Y YEAR | | | | | | |
| ١ | (IF EITHER, NOTIFY 21d INJURY OCC | | P. P. PLACE | | 19 | 211 LOCATIO | ON | | | | |
| | AN ANTITE MA | OT WHILE | | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| | AT WORK A | I WORK | ottended th | e deceased from_ | No | Vi | 10 83 | 10 00 | | 19.84 | that (I) (we) last |
| | sow the de | ceased olive or | SEPT | 19_5 | 54. | nd that in (my) | (opinion r | deoth occurred on the de | ote and he | | |
| | 22b. SIGNATURE | | ot) view the body | ofter deoth. | | DEGREE | | | | 22c. DATE | SIGNED |
| | (h | senh | HA | wolen | MD | | ATTENDING PHYSICIAN | MEDICAL STAL | | 10/ | 19/84 |
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| | TOSEPH | н мтт | LER, M.D | | | СП | AONEC | HOODIMAT | | | |
| | 23a BURIAL, CREMATI | | | | NAME OF C | EMETERY OR | | HOSPITAL 123d LOCATION | | | |
| | (SPECIFY) BURIAI | | 10-22 | | | OD CEMI | | BALT IMORE | CITY | Y MAR | RYLAND |
| | 24 FUNERAL DIRECTO | | 1 10-77 | | | 229 | | E REC'D. BY REGISTRAR | 25b REGIS | STRAR'S SIGNAT | TURE |
| | HUBBARD F | IINERAT. | HOME T | NC. 4107 | | | . OCT | 22 1004 | . Nan | Davidson D | Ω. 0 00 |
| | TTO DITTIES I | PETERAL | | | | | | - 17,04 | | Use Of Arm U | THE PARTY NAMED IN |

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours oftwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director is should be detached for use as the build-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or ather traumatic event, the medical examined

| 1201 | 1 - FOR STATE REGISTR |
|------|-----------------------------|
| RE | 1. DECEASED N |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTADIYGIENE

| 2 | 6 | 5 | 0 | - |
|---|---|---|---|---|
| | | | | |

| L | 1 - S | STATE REGISTRAR | | | | CERTIF | FICATE OF | DEATH | R | EG. NO. | | | |
|------|-----------------|---|----------------|-----------------------|------------------------------|-----------|--|------------------------|--|-----------------------|--------------------|--|----------|
| | DECE TYPE OR | ASED NAME | FIRST GA | ARY | E. | | STER | NER | 20. DATE OF DEA | ATH MONTH | DAY YEAR | 25 HOUR | |
| | | | ary | E | | St | erner | | Oct. | 3, 198 | 4 | INDUSTRY HOSPITAL IAST NIEMBYER APPROXIMATE INTERVAL BITHEN ONSET AND DEATH I APPROXIMATE INTERVAL BITHEN ONSET AND DEATH I Mo. | |
| 3. | . SEX | | | 4. RACE | | | OF BIRTH | | 6 AGE (IN YEARS | LAST BIRTHDAY) | IF UNDER TYEAR | | |
| | | male | 127 | Cavo | | AU | | YEAR 1944 | 40 | YRS | | MOURS M | IN. |
| 71 | | HPLACE (STATE OR | FOREIGN 7 | b CITIZEN OF | WHAT COUNTRY | 2 8 | 0 | | 9 BALTIMORE | | | | |
| 1 | | rvland | | II C A | | WIDOW | D MEVER | MARRIED | Raltu | nore Con | ntu | | 110 |
| . 10 | | OR TOWN OF DEA | ATH | | HOSPITAL, NURSI | NG HOME | | | 12a USUAL OCC | | | | |
| | Lik | ite Hall. | md. | | H FACILITY, GIVE STREE | | | | Photo & | | | | |
| | | RESIDENCE (IF NURS | SING HOME OR C | | Green GIVE RESIDENCE BEFOR | | | | | a price | H024 | | _ |
| 2 1 | 3a. STA | | 136 COUN | | 13c. CITY OR TOV | | 113d. INSIDE | | 13e.STREET ADD | | DE | 2 | |
| | | Md. HER'S NAME | 3617 | imore | White It | حال | YES [| S MAIDEN NA | 20606 | Green | 167 | 2116 | 1 |
| 1 | FAIR | FIRST | N | AIDDLE | LAST | | | FIRST | | DOLE | t. | AST | |
| 1 | | gene | | Ξ | Sterne | | | rtrude | | J. | Niem | eyer | |
| 10 | | S DECEASED EVER | | WAR OR DATES | 166 SOCIAL SEC | URITY NO. | 17 INFORM | ANT | | ADDRESS | | | |
| L | Ye: | 5 | Vietr | nam | 217-40- | -5692 | Barb | ara B. | Sterner | - Same | | | |
| Г | 18 | CAUSE OF DEAT | H (Enter only | y one couse per | line for (a), (b), o | | | | | | APPRO BETWEEN | XIMATE INTERVAL ONSET AND DEA | TH |
| Т | | PART I. DEATH W | IMMEDIATE | | Acute | Lymph | oblasti | · leve | emia | | 11 | mo. | |
| | NOIL | gave rise to imicause (a), static underlying cause PART 2. OTHER SIGN | ng the lost. | (c)ONDITIONS <u>C</u> | R AS A CONSEQUENTRIBUTING TO | DEATH BUT | | | MINAL DISEASE OF | | | | |
| 4 | SE . | or or or or | | 170.00 | THO THO K TITLE | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | J NIVIED | | IN CER | TIFYING CAUSE | | |
| 1 | <u> </u> | In ACCIDENT WAS UN | DERLYING | 71b. TIME C | F IN IURY | | 71r HOW II | VIURY OCCUR | YES NO | | | NO [| |
| | | OR CONTRIBUTING | Land Land | HOUR A. | M. MONTH D | AY YEAR | | | TE TE TE TE TE TE TE TE TE TE TE TE TE T | 0, 11,000 | o ran i ok ran i j | | |
| | \sim $-$ | (IF EITHER, NOTIFY MEDI | | P. 21e. PLACE | | 19 | 711 LOCAT | ON | | | | | |
| | WE ' | WHILE NOT W | | | REET, FACTORY, OFFICE. | FARM ETC | STREE | | CIT | TY OR TOWN | COUNTY | STATE | |
| П | - | TWORK ATWO | IRK | | | Nov | 1. 14 | 53 | 10 Oc | + 3 | 10 84 | | _ |
| 1 | 2 | 20.1 certify that (1) saw the deceas | | 0 4 | e deceased from | Chr | | 19 83 | deoth occurred on | | . 17 | , that (I) [ma] | |
| 1 | | above, (I) (me) (| | | | , 0 | |) (Oek) opinion | deom occurred on | the dote and no | | | 1 |
| | 2 | SIGNATURE S | Ro | New . | no | | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR F | STAFF PHYSICIAN [] | Oct | SIGNED | 84 |
| 7 | 2 | Zd. PHYSICIAN'S N | AME (TYPE OR | PRINT) | | | 22e ADDRE | 55 | | | | | |
| | | Scott | J. R | owley | | | The J | ohns Ho | deing Once | Logy Cen | ter Ri | imore. | md |
| 7 | 3e BUI | RIAL, CREMATION, | REMOVAL | 236. DATE | 230 | NAME OF (| EMETERY OR | CREMATORY | 23d LOCATIO | | 1 | | <u> </u> |
| | (SPI | rial | | 10-6- | 84 G | ardens | of Fa | ith | Baltim | | COUNTY | Marylar | |
| 2 | - | ERAL DIRECTOR | | 1 = 0 | | | ork Rd | | E REC'D. BY REGIS | | | - | |
| | Rue | ck Towson | Funer | ral Hom | e, Inc.T | owson | Md.212 | 04 00 | T 5 19 | 84 gunia | Davidson | Randale | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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MENSEY -- The second of the State of the Sta

Engune S. Stermer Gerunde J. Micreyer

Yes Victors 217-40-5692 Bankers B. Sterner - Stra ca 114c

drist to emphase NE-3-01 Island

Sugl For you bure tell Jone, Inc. Torson, Williams

| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL CA ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the strength extor, page 3 should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled strum 72 has after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. | IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be sent and an enter- | |
|--|---|---|--|--|
| | TO HOSPITAL OF ATT | TO FUNERAL DIRECTO should be detached fo with the Stote Dept of | IMPORTANT: # Hem 2 | |

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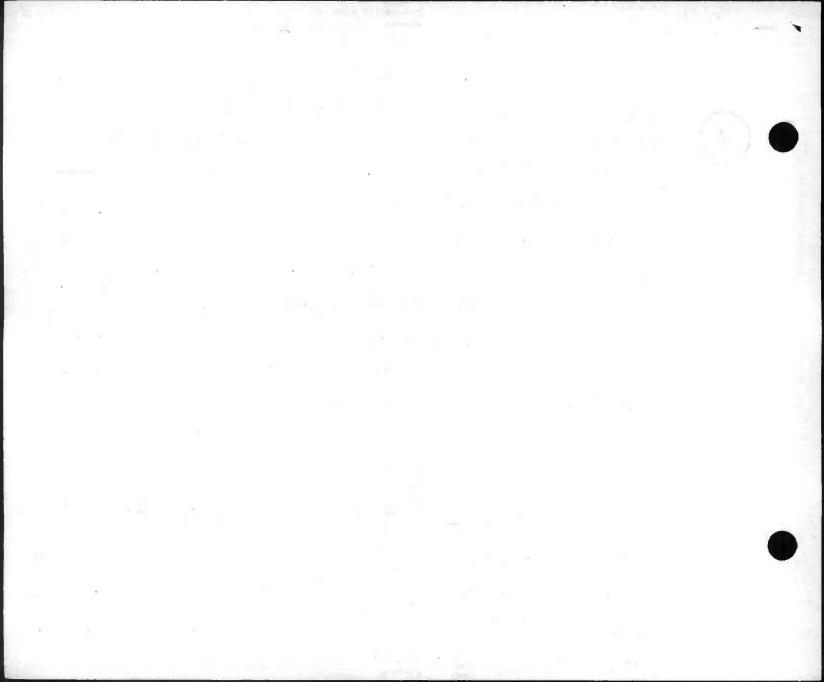
DHMH-16 20M (VRA 15, 4) 7/7B

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL LEY GIENE

6 6 2

| | - STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG NO. | | |
|---------------|---|---|----------------------------|-------------------------------------|--------------------------------------|--|--------|
| | DECEASED NAME FIRST TYPE OR PRINT) | MIDDLE | | AST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR | P |
| | CATHER | INE E. | SI | PEVENS | 10 | 26 84 8:30 | M |
| 3 | FEMALE. | CAUCASTAN | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) 87 | MONTHS DAYS HOURS MI | |
| 70 | BIRTHPLACE (STATE OR FOREIGN MARYLAND | 76 CITIZEN OF WHAT COUNT USA | RY? 8 MARRIEI WIDOWE | D NEVER MARRIED D | BALTIMORE CITY OR COU | | MD. |
| 10 | ROSEDALE | 11. NAME OF HOSPITAL, NUI | | | 126 USUAL OCCUPATION (TYPE HOUSEWIFE | IG LIFE) 126. KIND OF BUSINESS INDUSTRY | OR |
| N.O. | SUAL RESIDENCE (IF NURSING HOME OF | TIMORE 130. ROSE | DALE | 13d INSIDE CITY LIMITS? YES NO X | 13. STREET ADDRESS 900 ROSEDAI | E AVE. 21237 | — > |
| L | | Б. | HELL | IS. MOTHER'S MAIDEN NA MARY | ELTZABET | HARRIS | _ |
| 16 | (YES, NO OR UNKNOWN) (IF YES, GIV | EWAR OR DATES) | ECURITY NO. | ROBERT B. I | ADDRESS MCELVANEY JR. | | |
| | PART I. DEATH WAS CAUSE | nly one couse per line for (g), (b) ED BY: TE CAUSE (o) | ma AS | tomsel week | Generalizat | BETWEEN ONSET AND DEA | īH. |
| | Conditions, if any, which | DUE TO, OR AS A CONSE | GUENCE OF | 'LI | <i>J</i> | 3460 | |
| | couse (0), stofing the underlying cause lost | DUE TO, OR AS A CONSE | 1999 | ton the | remen | 1/2-40. | |
| 3 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT | V del to k | Allection | , | |
| CEBTIGICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | IICH OPERATIO | WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO | |
| | | HOUR A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18, PART 1 OR PART 2) | |
| MARIN | OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK | 21 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | ICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE | |
| | 22a I certify that (I) (this hosp sow the deceased alive on | atol) attended the defeased from | | d that in (my) (our) opinion | death occurred on the date and | hour and from the causes stated | |
| | 226 SIGNATURE | Hotoux | N | - | MEDICAL STAFF DOIRECTOR PHYSICIAN | 10/27/8 | 4 |
| | SOSEPH | D'Antor | 110 | 76 ZO YO | ock Rd | Towson, un | R |
| 23 | Bo BURIAL, CREMATIÓN, REMOVAL (SPECIFY) | 236. DATE 10/30/84 | GARDEI | EMETERY OR CREMATORY NS OF FAITH | 23d LOCATION CITY OR TOWN BALTO. | BALTO. MD | |
| 14 | FUNERAL DIRECTOR | 1211 Cheso | ico A | 25e. DAT | T 3 0 4001 Sulia | SISTRAR'S SIGNATURE | |



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be

| 0 | State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. T. If Hem 21 is marked at the state of t | 3 %+ |
|---|--|-------|
| / | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral matter pages having be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be fitted within 72 purity then please remove carban papers. | 5 pds |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE FOR - STATE CERTIFICATE OF DEATH

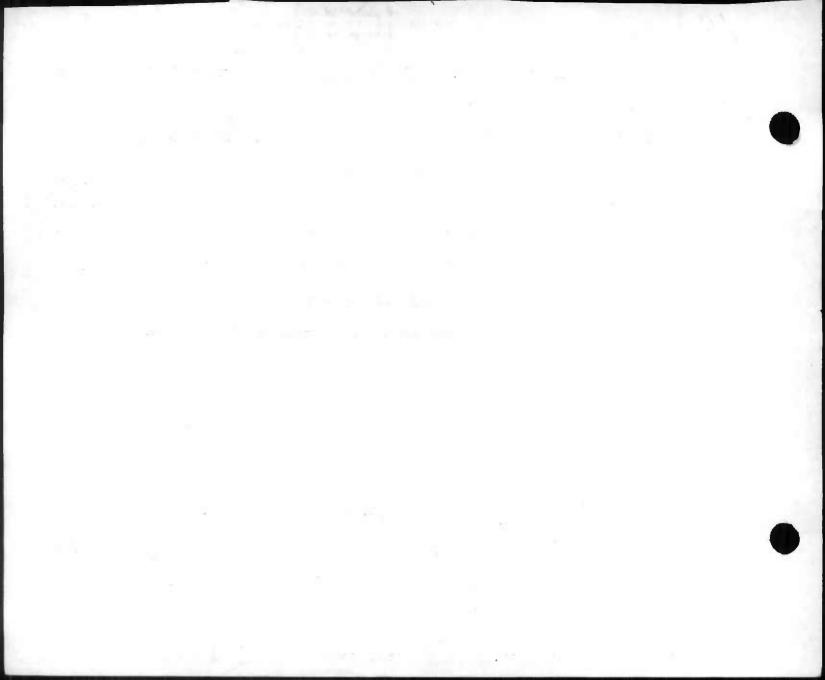
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|----|---|---|---|----|
| Em | 9 | | | 17 |

| | | | | | | | REG. N | | | | |
|--|--|--|------------------|-----------------------|---|------------------|--|-----------------------|-------------------|------------------|---------|
| 1. DECEASED NAME | FIRST | MIDDLE | | LAST | | | 20 DATE OF DEATH | | DAY YEAR | 2b. HOL | JR . |
| (TYPE OR PRINT) | Mildred | L. | STI | GGER | | - 1 | October | 2, 1 | 984 | 10:3 | 5P |
| 3. SEX | 4 RACI | | 5 | DATE OF | | - 1 | 6. AGE (IN YEARS LAST BI | | # UNDER I YEAR | IF UNDER | |
| Female | | Black | | MONTH | 4 2 Y | 3 | 60 | YRS | MONTHS DAYS | MOURS | MIN. |
| Ja BIRTHPLACE (STATE ORF | OREIGN 76 CITI | IZEN OF WHAT C | OUNTRY? 8 | | | | 9. BALTIMORE CITY | | TY OF DEATH | | |
| Virginia | | U.S.A. | | MARRIED (MIDOWED) | NEVER MARRI | | Baltimore | Coun | tv | | AAF |
| TO CITY OR TOWN OF DEA | ATH 11. N/ | AME OF HOSPITA | | | | | 120 USUAL OCCUPAT | | 126 KIND C | F BUSINI | ESS OR |
| Essex | | not in such facility, | | | anital | | TYPE OF WORK FOR MOST | OF WORKING | LIFE) INDUSTRY | | |
| WISUAL RESIDENCE HE NURS | ING HOME OF OTHER IN | | | | Spital | | | | 21. | 239 | |
| Many Land | 13b COUNTY | | or town | | Id INSIDE CITY LI | | 130 STREET ADDRESS | / ZIP CO | DE | | 10. |
| Maryland HA FATHER'S NAME | | ра. | LLIMO | | YES NO | | 1527 Pen | LIId | ge Ku. | арс. | LJ. |
| FIRST | WIDDLE | 77.0 | LAST | " | FIRST | | WIDDLE | | TO A PROPERTY OF | D C O N | - 00 |
| JOHN | 21115 121152 50 | FLO | CIAL SECURI | | BETT | 1 E | ADDR | | PATTE | KSUN | |
| 160 WAS DECEASED EVER (YES NO OR UNKNOWN) NO | (IF YES, GIVE WAR OF | PDATES | | | | 37 | | | ama Da | a d | |
| No | | 21 | 7-20- | 5200 | Bettye | rou | ng 3624 | ветш | | | |
| 18 CAUSE OF DEAT PART I. DEATH W | H (Enter only one o | cause per line for t | o), (b), and (| C1.1 | | | | | BETWEEN | MATE INTE | DEATH |
| TAKT . DEATH W | MAS CAUSED BY- | SE (D) Card | iopulm | onary | arrest | | | | | | |
| | DI | UE TO, OR AS A C | ONSEQUEN | CE OF | | | | | | | |
| Conditions, if any, | | (b) Mass | ive me | tasta | tic carc | inom | a of the b | reast | | | |
| gove rise to imm | | JE TO, OR AS A C | ONSEQUEN | CEOF | | | | | | | |
| underlying couse | lost. | (c) | | | | | | | | | |
| | VIFICANT CONDIT | TIONS CONTRIBU | TING TO DE | ATH BUT NO | OT RELATED TO T | HE TERMI | VAL DISEASE OR CON | DITION G | IVEN IN PART 1 | 01 | |
| N N | | | | | | | | | | | |
| 190 DATE OF OPERA | TION 19 | CONDITION FO | OR WHICH O | PERATION | WAS PERFORMED |) | 200 AUTOPSY? | | ES, WERE FINDI | | |
| THE | | | | | | | YES NOTE | | YES [] | NO [| |
| 210. ACCIDENT WAS UND | | b. TIME OF INJUR | | | TE HOW INJURY | OCCURR | D (ENTER NATURE OF INJE | IRY IN ITEM I | PART I OR PART 2} | | |
| OR CONTRIBUTING | CAUSE OF DEATH | OUR A.M. MC | INIT DAT | 19 | | | | | | | |
| 71d INJURY OCCUR | RED 21e | PLACE OF INJU | | 2 | III. LOCATION | | CITY OR TO | | COUNTY | | STATE |
| TIM HAJORI OCCOR. | | T MODALE STREET CACTO | DRY, OFFICE FARA | M F1C 1 | | | | | | | 217416 |
| WHILE TO NOT WE | 41LE | THOME SINCE!, TACTO | | | SINEE | | CIII ON II | ,,,,, | | | |
| AT WORK AT WO | RK | | sed from | | - | Q/ | | | 19 Q1 | that A (| we) los |
| 220. certify that was | (this hospital) atte | ended the decease | sed from | | - | | , to Oct _ 2 | | . 19 <u>84</u> | | |
| 22a.l certify that was saw the decease above, May (we) (c | RK | ended the decease | sed from19_84 | Sept. | 17 , 19 that in (n/k) (our) | | -, 10 Oct. 2 | | our and from the | couses st | oted |
| 220. I certify that was sow the decease | (this hospital) atte | ended the decease | sed from | Sept. | 17 , 19 that in (n/k) (our) GREE | opinian d | oth occurred on the d | ate and h | our and from the | couses st | oted |
| 270. E certify that we saw the decease above, M (we) (c. 272b. SIGNATURE | (this hospital) attended alive on Octoodid) (and not) view | ended the decease | sed from | Sept. | 17 19 that in (n/c) (our) GREE ATTEN PHYSI | opinian d | -, 10 Oct. 2 | ate and h | our and from the | SIGNED | oted |
| 22a certify that was sow the decease above, which we have | (this haspital) after a did) (and not) view | the body after dec | oth. | Sept. | 17 . 19 that in (nk) (our) GREE ATIEN PHYSI IZE ADDRESS | DING | medical physic | FF CIAN | 22c. DATE | SIGNED | oted |
| 270. E certify that we saw the decease above, M (we) (c. 272b. SIGNATURE | (this haspital) after a did) (and not) view | ended the decease | Yh | Sept. | that in (r/k) (our) GREE ATTEN PHYSI 172e ADDRESS 9000 Fra | DING CIAN [| medical STA DIRECTOR PHYSI | FF CIAN | 22c. DATE | SIGNED | oted |
| 220. I certify that A sow the decease above, M (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA | AME (IVPE OR PRINT) Sherif REMOVAL 173b. | ended the decease t. 2 the body after dec | 73c. NA | Sept. | 17 19 that in (pk) (our) GREE ATTEN PHYSI 12e ADDRESS 9000 Fre | DING CIAN DINKli | MEDICAL STADRECTOR PHYSI Square D 1234 LOCATION | FF CIAN X | 22c. DATE | SIGNED 2/84 | oted |
| 220. t certify that A sow the decease above, A wo 220. SIGNATURE 220. PHYSICIAN'S NATION, ISBURIAL, CREMATION, ISB | AME (IVPE OR PRINT) Sherif REMOVAL 173b. | ended the decease tt. 2 the body after dec | 73c. NA | Sept. | that in (pk) (our) GREE ATIEN PHYS: 17e ADDRESS 9000 Fra AETERY OR CREM Memori | DING CIAN Dankli | MEDICAL DIRECTOR PHYSION Square D | FF CIAN X | 22c DATE 10/2 | SIGNED 2/84 Md. | oted |
| 220. I certify that A sow the decease above, A (we) (c. 226. SIGNATURE 226. PHYSICIAN'S No. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S No. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 226. PHYSICIAN'S NO. 2 | AME (IVPE OR PRINT) Sherif REMOVAL 173b. | ended the decease t. 2 the body after dec | 73c. NA | Sept. | that in (pk) (our) GREE ATIEN PHYS: 17e ADDRESS 9000 Fra AETERY OR CREM Memori | DING CIAN Dankli | MEDICAL STADIRECTOR PHYSICAL P | FF CIAN CIAN CIAN S , | 22c DATE 10/2 | SIGNED 2/84 Md. | oted |

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

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may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLYGIENE

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| 1 DE | | | | | | RF(| G. NO. | | | |
|-----------------------|--|--|---|---|--|---|--|--|--|--|
| | CEASED NAME FIRST | | MIDDLE | | AST | 20. DATE OF DEAT | | DAY YE | | h HOUR |
| | IHERESA | Cec | elia S | STOR | 2m | | 10 | 18 | 4 | 12.51 |
| 3. SE | Care | 4. RACE | 160 | 5. DATE C | | 6. AGE (IN YEARS EA | ST BIRTHDAY) | IF UNDER I | _ | IF UNDER 24 HE |
| | FEMALE | White | | 11 | 27 03 | 80 | YRS | | | |
| | IRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9. BALTIMORE CI | _ | | | |
| M | laryland | U.S.A. | | WIDOWE | | COUN | ry. B | altimo | re | 1 |
| 4 | andallstown | | HOSPITAL, NURSING CHEACILITY, GIVE STREET A | | NTY GEN HOSE | 120. USUAL OCCU | | 125. KII | D OF | BUSINESS C |
| 13a. S | AL RESIDENCE (IF MURSING NOME OF STATE MARYLAN) 21 | | 13c. CITY OR TOWN Baltimor | N | 134 INSIDE CITY LIMITS? YES TO [| 13. STREET AD 2906 Sy. | lvan A | | 214 | |
| 100 | ATHER'S NAME FIRST | WIDDLE | _ LAST | | 15. MOTHER'S MAIDEN NA | ME | 4E | | _LAST | |
| E | dward M | | Riley | | Nellie | | | Ned | lley | 7 |
| 16a \ | WAS DECEASED EVER IN U.S. AR LYES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? | 212-05-7 | | Vernon F. St | | Louse | Ave. | 212 | 214 |
| H | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | | a line for too the and | l car s | | | | AF | PROXIM | ATE INTERVAL |
| | | S DUE TO O | DAS A CONSTOLIE | NICE OF | | | | | | |
| ICATION | cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (| (c)CONDITIONS CO | | EATH BUT | NOT RELATED TO THE TERM | 200, AUTOPSY? | 20b. IF 1 | GIVEN IN PAI YES, WERE FI TIFYING CAI | NDIN(| |
| RTIFICATION | PART 2 OTHER SIGNIFICANT (| (c)CONDITIONS <u>C</u> | ONTRIBUTING TO D | EATH BUT | N WAS PERFORMED | 200 AUTOPSY? | 206. IF Y | YES, WERE FI TIFYING CAI YES [] | NDIN(USES C | |
| ICAL CERTIFICATION | Underlying cause last PART 2 OTHER SIGNIFICANT (198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE- (18 EITHER NOTIFY MEDICAL EXAMINE) | 196 CONDITIONS CONDITI | ONTRIBUTING TO D OITION FOR WHICH (DE INJURY .M. MONTH DA .M. | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF Y | YES, WERE FI TIFYING CAI YES [] | NDIN(USES C | OF DEATH? |
| MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA | 19b CONDITIONS CONDITI | ONTRIBUTING TO D DITION FOR WHICH (DF INJURY .M. MONTH DA | OPERATIO AY YEAR 19 ARM. ETC.) | 214 HOW INJURY OCCURE 211 LOCATION STREET | 200 AUTOPSY? YES NO | 206. IF Y | YES, WERE FI TIFYING CAI YES [] | NDING USES C | F DEATH? |
| | Underlying cause last PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hosp) | I9b CONDITIONS CONDITI | ONTRIBUTING TO D OITION FOR WHICH (OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA | OPERATIO VY YEAR 19 ARM, ETC.) | 216 HOW INJURY OCCURS 211 LOCATION STREET 19 | 200 AUTOPSY? YES NO RED (ENTER NATURE OF | IN CER INJURY IN ITEM T | YES, WERE FI THEYING CAI YES 10 B PART TOR PAI COUNT | INDING USES C | STATE |
| | Underlying cause last PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIGIBLE ALL WORK 21d. INJURY OCCURRED WHILE ALL WORK 22a. I certify that (I) (this hosp sow the deceased alive on above, (I) (we) (did) (did not on obove, (I) (we) (did) (did not obove, (I) (we) (did) (did) (did not obove, (I) (we) (did) (did) (did not obove, (I) (we) (did) (did) (did not obove, (I) (we) (did) (did) (did) (did) (did not obove, (I) (we) (did | I9b CONDITIONS CONDITI | ONTRIBUTING TO D OTTION FOR WHICH (OF INJURY .M. MONTH DA .M. OF INJURY REE1, FACTORY, OFFICE, FA the deceased from 19 | OPERATIO VY YEAR 19 ARM, ETC.) | 211. LOCATION STREET 19 nd that in (my) (our) opinion of | 200 AUTOPSY? YES NO RED (ENTER NATURE OF | IN CER INJURY IN ITEM T | YES, WERE FITHYING CALLYES COUNTED | INDINGUSES C | STATE state st |
| | Underlying cause last PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hosp sow the deceased alive on | I9b CONDITIONS CONDITI | ONTRIBUTING TO D OTTION FOR WHICH (OF INJURY .M. MONTH DA .M. OF INJURY REE1, FACTORY, OFFICE, FA the deceased from 19 | OPERATIO Y YEAR 19 ARM, ETC.) | 216 HOW INJURY OCCURS 211 LOCATION STREET 19 | 200, AUTOPSY? YES NO RED (ENTER NATURE OF | 206. IF Y IN CER | YES, WERE FITHYING CALLYES COUNTED | INDINGUSES C | PEDEATH? NO STATE |
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STATE OF MARYLAND

| | | REGISTRAR | | | | CERTIFIC | CATE OF DEATH | REG. N | | | -100 |
|---|-----------------------|---|--|--|--|------------------------------------|---|---|--|---|-----------------|
| 1 | (TYPE | | HARLE | 55 L | ote / | 57 | RUMKE | 20 DATE OF DEATH | 10 - | 26-84 | HOUR |
| / | 3. SE | MALE | | CAUCA | SIAN | 5. DATE OF | OAY YEAR 8 | 0 | YRS. | MONTHS DAYS H | OURS M |
| 6 | 10 | RTHPLACE (STATE OR COUNTRY) 1 ARY AND | FOREIGN 76 | CITIZEN OF WH | AT COUNTRY? | MARRIED WIDOWED | NEVER MARRIED DIVORCED | BALTO- | OR,COUNTY | OF DEATH | |
| 90 | 10. CI | BALTIMOR | | | CILITY, GIVE STREET | | OTHER INSTITUTION | 120 USUAL OCCUPAT | OF WORKING LIF | 175. KIND OF E INDUSTRY Cal Yea | |
| 16 | 130/5 | AL RESIDENCE (IF NUR STATE ARY/AND | 136 COUNTY Balti | more / | ERESIDENCE BEFORE CITY OR TOWN | NORE | 13d. INSIDE CITY LIMITS? | | / ZIP CODE | OD DR | زاني |
| 90 | W: | illiam | | | STRUMI | KE | 15. MOTHER'S MAIDEN NA PERST Dora | Ann | led | Fol | tz |
| / medica | | VAS DECEASED EVER YES, NO OR UNKNOWN) | | | SOCIAL SECU | 1-10 | Elizabeth | Goodwin | | ame as | |
| ent, th | | 18. CAUSE OF DEAT PART I. DEATH V | TH (Enter only VAS CAUSED IMMEDIATE | BY: | for (a), (b), one | d icu | | | | BETWEEN ON | - |
| ÷ | | gove rise to im | | | | -// | | | | | 7 - 2 |
| njury, ar ather | NO | couse (a), stati underlying caus | ng the e lost. | (c) | S A CONSEQUE | | NOT RELATED TO THE TERM | MINAL DISEASE OR COM | NDITION GIV | EN IN PART 110 | |
| ows any injury, ar ather | TIFICATION | couse (a), stati underlying caus | ng the lost. NIFICANT CO | NOITIONS CONT | TRIBUTING TO D | CENC: | NOT RELATED TO THE TERM | AINAL DISEASE OR CON 200 AUTOPSY? | 20b. IF YES | S, WERE FINDING | S USED F DEATH? |
| tem 18 shaws any injury, or other | CAL CERTIFICATION | PART 2. OTHER SIG | ng the e lost. INIFICANT CO L' E LE ATION ADERLYING CAUSE OF DEATH | nditions continued P. 196. CONDITIO | TRIBUTING TO E | CENCOPERATION | CHE, | 200 AUTOPSY? YES NO | 20b. IF YES IN CERTIF YE | S, WERE FINDING FYING CAUSES O | F DEATH? |
| orked or Item 18 shows any injury, or other | MEDICAL CERTIFICATION | PART 2. OTHER SIG | INTERCANT CO | INDITIONS CONTINUE OF INHOUR A.M. P.M. 21e PLACE OF | PRIBUTING TO E | OPERATION AY YEAR 19 | WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES IN CERTIF YE JRY IN ITEM 18 P | S, WERE FINDING FYING CAUSES O | F DEATH? |
| n 21 is marked ar Item 18 shaws any injury, ar other | | PART 2. OTHER SIG | IN IFICANT CO IN IFICANT CO IN IFICANT CO IN IFICANT CO IN IFICANT CO IN IFICANT CO IN IFICANT CO IN IFICANT CO IN IFICANT CO IN ITINI | INDITIONS CONTINUED TO THE PLACE OF IAT HOME, STREET, | INJURY ACTORY, OFFICE, FA | OPERATION AY YEAR 19 ARM. ETC.) | WAS PERFORMED 21L HOW INJURY OCCUR 211 LOCATION STREET 19 1 that in (my) (doctopinion | 200 AUTOPSY? YES NO | 20b. IF YES IN CERTIF YE URY IN 11EM 18 P | COUNTY S, WERE FINDING CAUSES OF S CAUSES OF S CAUSES OF START LOR PART 2) | STAT |
| NT: If frem 21 is marked or frem 18 shows any injury, or other | | COUSE (0), statiunderlying caus PART 2. OTHER SIG 198 DATE OF OPERA 198 DATE OF OPERA 198 DATE OF OPERA 198 DATE OF OPERA 198 DATE OF OPERA 216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEC 21d. INJURY OCCUP WHILE NOTIFY MEC 21d. INJURY OCCUP WHILE NOTIFY HATE 220. I certify that (I) sow the decea above, (I) (No.) 22b. SIGNATURE | ng the e lost. INTERCANT CO | INDITIONS CONTINUE OF INHOUR A.M. 21b. TIME OF INHOUR A.M. P.M. 21e PLACE OF (AI HOME, STREET, U) ottended the d | INJURY ACTORY, OFFICE, FA | OPERATION AY YEAR 19 ARM. ETC.) | 211. HOW INJURY OCCUP 211. LOCATION STREET 19 4 that in (my) (and opinion EGREE ATTENDING PHYSICIAN) | 200 AUTOPSY? YES NO | 20b IF YES IN CERTIFY YE URY IN 11EM 18 P | S, WERE FINDING CAUSES OF START LORPART 2) COUNTY | STAT |
| IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other | MEDICAL | PART 2. OTHER SIG | INTERCANT CO ATTON ADERLYING CAUSE OF DEATH | INDITIONS CONTINUE OF IN- INDITIONS CONTINUE | IRIBUTING TO DE STATE OF THE ST | OPERATION AY YEAR 19 ARM, ETC.) | WAS PERFORMED 21c. HOW INJURY OCCUP 21l LOCATION STREET 1 that in (my) (abc lapinion EGREE ATTENDING | 200 AUTOPSY? YES NO NOTIFIED (ENTER NATURE OF INJURE) CITY OR TI deoth occurred on the company of the company | 20b IF YES IN CERTIFY YE URY IN 11EM 18 P | COUNTY S, WERE FINDING CAUSES OF S CAUSES OF S CAUSES OF START LOR PART 2) | STAT |

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law requires that

OR ATTENDING the haspital

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL DEGIENE

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| Gar | O | 0 | 0 | 1 |

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | O | | |
|---------------|---|--|---------------------------|------------|--|--|---------------|--------------------------|--|
| {ITP[| CEASED NAME | EIRST | MIDDLE | i. | AST | | MONTH | DAY YEAR | 26 HOUR |
| | OR PRINT) | MER Y | /ERNON | SU | JTOR | October | 25. | 1984 | 7:45A |
| 3. SE | х | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | [HDAY] | IF UNDER EYEAR | IF UNDER 24 HR |
| 10 | Male | White | 5 | Feb | 0. 15. 1920 | 64 | YRS. | MONTHS DAYS | HOURS MIR |
| | RTHPLACE STATE OR FO | | WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY O | | Y OF DEATH | |
| 1 | Maryland | U.S.A | ١. | WIDOWE | D NEVER MARRIED DIVORCED D | Balti | more | County | , |
| 10 C | ITY OR TOWN OF DEA | | | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | ON | 12h KIND O | E BUSINESS |
| | Woodlawn | | Ransome D | | | Retired Po | | | Baltim C |
| | | NG HOME OR OTHER INSTITUTION | N. GIVE RESIDENCE BEFORE | ADMISSION) | | | | | |
| 130. 3 | Maryland | Baltimore | Woodlaw | | YES NO K | 6747 Rans | | | 21207 |
| 14. F/ | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NA | WE | Ome_E | | |
| | Richard | MIDDLE | Sutor | | Hattie | WIDDIE | | Medi | |
| | VAS DECEASED EVER I | N U.S. ARMED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDRE | SS | HEGI | uger |
| (| YES NO OR UNKNOWN) | WW 2 | 218-07- | 3950 | Ruth Sutor | Same as | # 13 | | |
| - | | | | | Kath Sator | Dame as | π 13 | APPROX | MATE INTERVAL |
| | PART I. DE ATH W. | I (Enter only one cause po AS CAUSED BY: | METASTA | | RENAL CE | 71 | | | MONT |
| CERTIFICATION | 19a DATE OF OPERAT | ION 196 CON | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | ES, WERE FINDIN | |
| E | | | | | | YES NO | | res 🗌 | NO [|
| Ü | 21a. ACCIDENT WAS UND | 110110 | OF INJURY | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 | PART T OR PART 2) | |
| V 1 | (IF EITHER, NOTIFY MEDIC | AUSC OF DEATH | P.M. | 19 | | | | | |
| CAL | 21d. INJURY OCCURR | | OF INJURY | | 211. LOCATION | | | | |
| EDICAL | | FIATHOMES | | ARM, ETC.) | STREET | CITY OF TO | WN | COUNTY | STATE |
| MEDICAL | WHILE NOT WHI | ILE | THE THE TONE, OF THE LITT | ARM, ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| MEDICAL | WHILE NOT WHI AT WORK AT WOR 22a. I certify that (I) | (this hospital) attended t | | | STREET 19 | T to PRES | | | |
| MEDICAL | while Not while AT WORK 22a I certify that (I) saw the decease | (this trospital) attended to | he deceased Iram | | STREET | 4 to Pres | דייו | . 19 | that I) (we) |
| MEDICAL | while Not while AT WORK 22a I certify that (I) saw the decease | (this hospital) attended t | he deceased Iram | , or | of that in (my) (our) opinion . | 4. to PRES | ote and ha | . 19 | that (we) causes stated |
| MEDICAL | while Not while AT WORK 22a.1 certify that (1) saw the decease obove, (1) (we) (d | (this trospital) attended to | he deceased Iram | , or | of the state of th | 4. to PRES | ote and ha | , 19 our and Irom the | that II (we) causes stated |
| MEDICAL | while Not while AT WORK 22a.1 certify that (1) saw the decease obove, (1) (we) (d | (Man hospital) attended to dive an id) (did not) view the bod | he deceased Iram | , or | of that in (my) (our) opinion . | MEDICAL STAL | ote and ha | , 19 our and Irom the | that II (we) causes stated |
| MEDICAL | WHILE ALWORK NOT WHILE ALWORK 27a. I certify that (I) saw the decease above, (I) (we) id 27b. SIGNATURE | (Mn hospital) attended to dolive on id) (did not) view the bod | he deceased Iram | , or | DEGREE ATTENDING PHYSICIAN 2 | depth occurred on the displacement of the disp | ote and ha | 22c DATE | that in (we) I couses stated SIGNED |
| 730. 1 | WHILE ALWORK NOT WHE ALWORK NOT WHE ALWORK 270. I certify that (I) sow the decease above, (I) (we) id 27b. SIGNATURE 27d. PHYSICIAN'S NA Gary C. BURIAL, CREMATION, I | (Man hospital) attended to dive an id) (did not) view the bod | he deceased Iram | M | nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN | MEDICAL STAL DIRECTOR PHYSIC Room 400 Street, Bal | ote and ha | 22c DATE // U/ | that It (we) It causes stated SIGNED 25 / Fg |
| 730. 1 | WHILE ALWORK NOT WHE ALWORK NOT WHE ALWORK 270. I certify that (I) sow the decease above, (I) (we) id 27b. SIGNATURE 27d. PHYSICIAN'S NA Gary C. BURIAL, CREMATION, I | (Mn. frospital) attended to delive an id) (did not) view the bod one (Mn. D. REMOVAL 23b DATE | y olter death. | MAME OF C | DEGREE ATTENDING PHYSICIAN 22e ADDRESS 711 W. 40th EMETERY OR CREMATORY | MEDICAL STAL DIRECTOR PHYSIC ROOM 400 Street, Bal | ore and ha | 22c DATE / U / CE, Md. | that II (we) couses stated SIGNED |
| 23a. (| WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 1700 HE AT WORK NOT WHILE AT WORK NOT WHIT WORK NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE AT WORK NOT | (Mrs. thospirol) attended to dive on ind) (did not) view the bod of the first one of the fi | y ofter death. 19 | MAME OF CO | DEGREE ATTENDING PHYSICIAN CONTROL OF THE PHYS | MEDICAL STAL DIRECTOR PHYSIC ROOM 400 Street, Bal | ore and ha | 22c DATE // U/ | that III (we) couses stated SIGNED |

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND FOR STATE REGISTRAR **CERTIFICATE OF DEATH**

DEPARTMENT OF HEALTH AND MENTALWYGIENE

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| discount of the last | _ | | | |

| | REGISTRAR | | 421111111 | CALL OF DEATH | REG. NO | D | |
|---------------|---|--|----------------|---|--|---|--|
| | ECEASED NAME FIRST | MIDDLE | LÁS | 51 | 20 DATE OF DEATH | MONTH DAY YEA | R 26 HOUR |
| { 179 | VERNON | JEROME | SZCZES | | OCTOBER 10 | | 10:53 "P |
| 3. SE | X | 4 RACE | 5. DATE OF | BIRTH DAY YEAR | 6 AGE (IN YEARS LAST BIRT | | EAR IF UNDER 24 HRS. AYS HOURS MIN. |
| | MALE | WHITE | JUNE | 6, 1923 YEAR | 61 | YRS. | |
| 70.0 | HRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? 8 | □ NEVER MARRIED □ | 9 BALTIMORE CITY O | R COUNTY OF DEATH | 4 |
| | MARYLAND | U.S.A. | WIDOWED | DIVORCED 🛣 | BALTIMOR | | MD. |
| 10 0 | FORT HOWARD | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST V.A.M.C., FOR | IREET ADDRESS) | | 120 USUAL OCCUPATION OF WORK FOR MOSTO | F WORKING LIFE) INDUS | ID OF BUSINESS OR TRY EFTORN CAN |
| 13a | JAL RESIDENCE (IF MURSING HOME OR STATE JARYLAND | OTHER INSTITUTION GIVE RESIDENCE B NTY 130 CITY OR T BALTI | OWN | 13d. INSIDE CITY LIMITS? YES X NO [| 3711 East | ZIP CODE Lombard S | treet |
| DA | ATHER'S NAME 4/chae/ / | MIDDLE SZCZE | SUIAK | Helen | MIDDLE | Kou | m/ewski |
| | WAS DECEASED EVER IN U.S. AR | | | 17. INFORMANT | ADDRE | SS | · |
| | (YELLES KUNKNOWN) | ZIIARORDATES) 215 14 | 9058 | CLINICAL REC | ORDS, VAMC, | FORT HOWA | RD, MARYLAN |
| CERTIFICATION | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (CIRRHOSIS OF T | (b) SHOCK DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING THE LIVER 196. CONDITION FOR WE | TO DEATH BUT N | | MINAL DISEASE OR CON | DITION GIVEN IN PAR 20b. IF YES, WERE FIL IN CERTIFYING CAL | NDINGS USED |
| ERTIFI | 21a ACCIDENT WAS UNDERLYING | 71b TIME OF INJURY | | 21c HOW INJURY OCCUR | YES NO | YES THE TEM IS PART OF PAR | NO [] |
| | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | | | | | |
| MEDICAL | 216 INJURY OCCURRED | P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OF | 19 | 211 LOCATION | CITY OR TO | wn COUNT | Y STATE |
| 1 8 | AT WORK NO: WHILE | TAL HOME SIREET PACTORY OF | FICE PARM ETC | | | | |
| | 22a I certify that / (this hasp saw the deceased alive an above, (I) (w (did) (did | OCTOBER 10 | AUGUSI | that in (my) (our apınıan | death accurred on the de | | |
| | 22b. SIGNATURE | 0.4 | D | EGREE | | | ATE SIGNED |
| | 1 rumshoot | am bhigh | pe | ATTENDING PHYSICIAN | MEDICAL STAI | | /11/84 |
| 1 | 224. PHYSICIAN'S NAME (TYPE C | OR PRINT) | | 22e ADDRESS | | | |
| 1 | P. MITRA, M.D | • | | VAMC, FORT | HOWARD, MAR | YLAND 210 | 52 |
| 230 | BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | 23b. DATE DC+15,1884 | 230 NAME OF CE | METERY OR CREMATORY | 23d LOCATION CITY OF TOWN | Alla COUNTY | Mid |
| 24 | FUNERAL DIRECTOR TOSEPH N. Z | ANNINOTE | 2635,0 | MAZIZIA NI | TE REC'D. BY.REGISTRAR | 256 REGISTRAR'S SIG | NATURE - Rondolle |

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital ar

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event,

IMPORTANT: If them 21 is marked or them 18 show

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STATE OF MARYLAND

A THE RESERVE AND ADDRESS OF THE RESERVE AND ADD I The whole City

the attending physician and completely filled in by the furnamove corban papers. Pages 1 and 2 shauld be filed with

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE FOR STATE

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| Е | REGISTRAR | | | CERTIF | ICATE OF DEATH | Н | REG. NO | D | | | |
|-----|---|---|---|-----------------------|---|---------------------|-----------------------------------|---------------------|---|------------------------------------|--|
| | DECEASED NAME FIRS | derick | S. | Taw | | | (| et. | 1 198 | M | |
| 3 | SEX Male | 4 RACE Whi | te | 5. DATE O | ревіктн 1 у 21 ^м 192 | | 6. AGE (IN YEARS LAST BIRT | | IF UNDER I YEAR | IF UNDER 24 HRS | |
| 70 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 7b. CITIZEN OF | MHAT COUNTRY? | 8 MARRIE WIDOWE | D NEVER MARRIE | ED 🗀 | Baltimore CITY O | | | MD. | |
| 1 | Reisterstown | 11. NAME OF | HOSPITAL, NURSIN HEACHEY, GIVESTREET LOCKEY | G HOME C | Ave. | ИС | IZO USUAL OCCUPATION SATEMANS | ON FWORKING LIFE | 17b. KIND C INDUSTRY | OF BUSINESS OR | |
| L | JSUAL RESIDENCE (IF NURSING HO 30. STATE 13b. (| ome or other institution COUNTY Baltimore | Ist. CITY OR TOW Reisters | N | 13d. INSIDE CITY LIM | x | 3. STREET ADDRESS 248 Chatsy | vorth | Ave. | 21136 | |
| 7 | FATHER'S NAME FIRST Morton | MIDDLE | last Cawney | | | zabe | th MIGGLE | | Ste | ľn | |
| 14 | WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y | S. ARMED FORCES? es, GIVE WAR OR DATES) | 220-03- | | Frederi | ck S | . Tawney. | | | | |
| | 18 CAUSE OF DEATH (En PART I. DEATH WAS C | ter anly ane cause per AUSED BY: EDIATE CAUSE (a) | line for 101, (b), and Metag | | Aden | ocav | neluona | | BETWEEN | (IMATE INTERVAL ONSET AND DEATH | |
| | PART 2. OTHER SIGNIFIC | erise to immediate e (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | HE TERMI | nal disease or coni | DITION GIV | EN IN PART I | o | | |
| 1 | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN | 196. DATE OF OPERATION 196. CONDITION FOR WHICH | | | | | | | Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO | | |
| CO. | OR COLUMNIA CALLER | OF DEATH HOUR A | | AY YEAR | 21c. HOW INJURY O | OCCURRE | ED (ENTER NATURE OF INJUR | RY IN ITEM 18 P. | ART I OR PART 2) | | |
| | OR CONTRIBUTING LAUSE (IF EITHER, NOTIFY MEDICAL EX- 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | AATAGONE CE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 711. LOCATION STREET | | CITY OR TO | wn | COUNTY | STATE | |
| | 22a.1 certify that (1) (this saw the deceased all above, (1) (**e*) (did) (c | ve on | FN 13 19 5 | | nd that in (my) (eur) c | apinian d | eoth occurred an the do | ek. | r and fram the | | |
| | 27b. SIGNATURE | enel a | · fru | -e | ATTENE PHYSIC | | DIRECTOR PHYSIC | | 22c. DATE | SIGNED | |
| | Marshall | A. Levine | WD | | 22e. ADDRESS | d=1.0 | | | | | |
| | 30 BURIAL, CREMATION, REMO (SPECIFY) Burial 4. FUNERAL DIRECTOR | Oct 4 | 1984 | Garr: | ison Fores | | CITY OR TOWN REC'D. BY REGISTRAR | TRANSPORT | COUNTY COUNTY | STATE | |

DHMH - 16 50M 4/B2 (VRA 15, 4)

etoined by the hospital or

Leonard J. Ruck, Inc. 5305 Harford Rd.

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250. DATE REC'D. BY REGISTRAR ISTAR STANATURE Md.

TIME STATES

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leanard .. Inch, inc. 7505 Earland Pd.

executed within 24 hours off

| STATE OF MARYLAND |
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| DEPARTMENT OF HEALTH AND MENT ACHYGIENE |
| CERTIFICATE OF DEATH |

2 6 6 1 3

| 1. | - STATE REGISTRAR | | | | CERTI | FICATE OF DEATH | REG | NO. | | | | |
|---------------|--|------------|--------------------|---|--------------|----------------------------------|---|--------------|----------|-----------|-----------|------------------|
| | CEASED NAME | FIRST | | MIDDLE | - | LAST | 20. DATE OF DEATH | | DAY | YEAR | 26 HO | UR |
| (110) | CORPRINT | TO | M. | | 1 | HOMAS | | 10 | 13 | 84 | 6. | 40AM |
| 3. SE | | | 4. RACE | | 5. DATE | | 6. AGE (IN YEARS LAS | | MONTH | DAYS | IF UNDE | ER 24 HRS |
| | Male | | Negro | | 1 nont | 25 99 | 85 | Y R | | | | |
| | IRTHPLACE (STATE OR F | ORE IGN | 110 | WHAT COUNTRY? | 8. MARRIE | D NEVER MARRIED | 9. BALTIMORE CIT | | | | | |
| N | | - | U.S. | | WIDOW | ED DIVORCED | Baltimo | | | | | MD. |
| | LTO. CO. | TH / | (IF NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET / NOTE CO. | ADDRESS) | or other institution reral Hospi | 120 USUAL OCCUP (TYPE OF WORK FOR MC | | | DUSTRY | F BUSIN | IESS OR |
| | AL RESIDENCE (IF NURSI | NG HOME O | | GIVE RESIDENCE BEFORE | | 1134. INSIDE CITY LIMITS? | 13e. STREET ADDRE | SS . | 151 | 40 | 20 | 1 |
| | ryland | 4 | > | BALTIN | note | YES NO | 4/065 | DRING | dal | e A | ve | 1 |
| 4. F | ATHER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MAIDEN N | NAME MIDDLE | E | | LAS | , | |
| | Wiley | | | Chomas | | Hattie | | | bet | | | |
| | WAS DECEASED EVER | | RMED FORCES? | 166. SOCIAL SECU | | 17. INFORMANT | | 6ssSp | | | | We. |
| | No | | | 241-03- | 5789 | Tommine K | Kilgore Ba | a_tim | are | | | |
| | 18 CAUSE OF DEATH | H (Enter o | nly ane cause per | | | | | | | BETWEEN | MATE INTI | ERVAL D DEATH |
| | PARTI, DEATH W | | TE CAUSE (a) | MEU | MON | 11 A : | | 1000 | | | | |
| | 1 | | DUE TO, O | R AS A CONSEQUE | NCE OF | O | 000 | - 4 | | | | |
| | Conditions, if ony, | | (6)_ | | (| . V. A. | Subclavic | | | | | |
| - 7 | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| | underlying couse lost. | | | | | | | | | | | |
| 7 | PART 2. OTHER SIGN | VIFICANT | CONDITIONS CO | ONTRIBUTING TO | EATH BU | NOT RELATED TO THE TE | RMINAL DISEASE OR C | ONDITION | GIVEN IN | PART 110 |) | |
| 10 | | | | | | | | 1-0-0 | | | | |
| CERTIFICATION | 190. DATE OF OPERAT | ION | 196 COND | ITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | IN CER | YES, WER | | | ATH? |
| CERT | 21e. ACCIDENT WAS UND | ERLYING [| | | | 21c HOW INJURY OCCU | | | | R PART 2) | | |
| | OR CONTRIBUTING C | | AIR | M. MONTH DA M. | YEAR | The same | | | | | | |
| MEDICAL | 21d. INJURY OCCURE | | 21e. PLACE | OF INJURY | | 211 LOCATION | | RTOWN | , | OUNTY | | STATE |
| M | WHILE NOT WH | ILE 🗌 | (AT HOME ST | REET, FACTORY, OFFICE, F. | ARM ETC) | STREET | CHTC | R IOWN | | OUNIT | | SIMIE |
| | 22a.1 certify that (I) | | oital) attended th | e deceased from | 10. | 8 19 8 | 4 10 10 | 13 | . 19 | 84 | that (I) | (we) lost |
| | saw the decease | ed alive a | 10. | 13 19 | 84.0 | nd that in (my) (our) apinio | on death accurred on th | e date and l | hour and | fram the | couses s | tated |
| | 215 SIGNATURE [] | ia) (aia n | at) view the bady | Oliver death. | | DEGREE | | | 1 | 2c. DATE | SIGNED | 5 |
| | CX. | 6000 | For Bor | Txue) | | Ma ATTENDING | | TAFF | / | 10. | 3.8 | 74 |
| | 27 PHISICIAN'S NA | ME ITYPE | OR PRIMAT | 1 | | 120 APDRESS | | 0.0 | | | | |
| | CKAYA | 201 | RG (| MOVINDA | RIE | BALTIMO | RE COO | NTY | GNL | . t | ost |) THE |
| 230. | BURIAL, CREMATION, | REMOVA | | | | CEMETERY OR CREMATOR | CITY OR TOW | | cou | NTY | | STATE |
| 04.5 | | | 10-16 | -84 Oa | k Vi | ew Cometer | Baden ATE REC'D. BY REGISTI | * | | FIGNIA | UDS | |
| 35 - | UNERAL DIRECTOR | 0240 | n Sons | БН ^{Молу} я. | La | urens st | ATE KEC D, BT KEGISTI | ARIJOB. REC | | | _ | |
| Uc | mes A. m | OTCC | MASONS | FII 1/0. | | 0 | PT 1 5 400 | andre | a Day | ا-۸حده | pande | 182 |

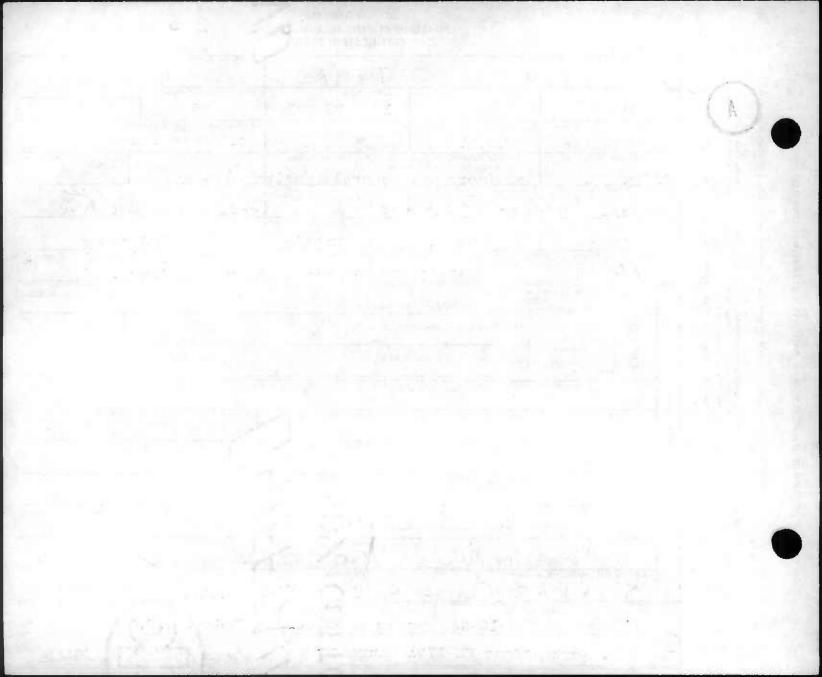
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pagest mint 3 this with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or them 18 start any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death certificate be retained by the haspital or attending physician.



ned by the attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

| | FOR |
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| - | STATE |
| | DECICTOAD |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALSPYGIENE

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| | REGISTRAR | | | | REG. N | () | | |
|-----------------------|--|---|--|--|--|---|--|---|
| | CEASED NAME FIRST | | MIDDLE | LAST | 20 DATE OF DEATH | | YEAR | 26 HOUR |
| | KATHR | | | THUMSER | | 0 26 | 84 | 1:50A |
| 3. SEX | | 4. RACE | | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BI | | UNDER I YEAR | IF UNDER 24 HRS |
| | EMALE | White | | Feb. 3, 1912 YEAR | 72 | YRS. | | |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | MARRIED NEVER MARRIED | | | | |
| | id. | USA | | WIDOWED DIVORCED [| | | | 1 |
| | TY OR TOWN OF DEATH | _ LIF NOT IN SUC | H FACILITY, GIVE STREET | IG HOME OR OTHER INSTITUTION ADDRESS) | TYPE OF WORK FOR A G | ster | THE KIND | F BUSINESS (|
| - | TOWSON | GBMC-6 | 5701 N. | CHARLES ST. | Super. Reco | | | |
| | AL RESIDENCE (IF NURSING HOME O | | 13c. CITY OR TOW | | 13e.STREET ADDRESS | / ZIP CODE | 2/1 | 230 |
| | ld. | | Baltimor | | 1700 Mer: | idene D | rive | |
| IS FA | ATHER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER'S MAIDEN I | NAME | | EA! | ST |
| State of the last | aul | Shaff | | Mary | | Yeal | y | |
| | VAS DECEASED EVER IN U.S. AF | RMED FORCES? | 166 SOCIAL SECU | IRITY NO. 17. INFORMANT | ADDR | ESS | | Pa. |
| n | 10 | | 212-09-2 | 2295 Mr. James E | . Thumser RD | 1 Box 1 | | |
| | 18 CAUSE OF DEATH (Enter o | nly one couse per | line far (a), (b), and | d (CS) | | | BETWEEN | MATE INTERVAL ONSET AND DEA |
| | PART I. DEATH WAS CAUSI | TE CAUSE (a) | CARDIO | PULMONARY ARRE | SI | | | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, O | r as a conseque | | | | | |
| rion | gave rise to immediate cause (a), stofting the underlying cause last PART 2 OTHER SIGNIFICANT | DUE TO, O | R AS A CONSEQUE | ENCE OF | RMIN AL DISEASE OR CON | | | |
| TIFICATION | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, O | R AS A CONSEQUE | ENCE OF | | 20b. IF YES, V | VERE FINDI | |
| CERTIFICAT | gave rise to immediate cause (a), stofting the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE | DUE TO, O (c) CONDITIONS CO 19b. COND AIH HOUR A. | R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA | OPERATION WAS PERFORMED 211. HOW INJURY OCC | RMIN AL DISEASE OR CON | 20b. IF YES, V IN CERTIFYII YES | VERE FINDI | NGS USED OF DEATH? |
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GBMC-6701 N. CH RLES ST.

CARDIOPULMON RY PREST

METASTATIC BREAST CARCINOA

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EDWARD P.GRACE, M.D. GEMC-6701 N.CHARLES ST.

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neral director, page 3 in 72 hours ofter death

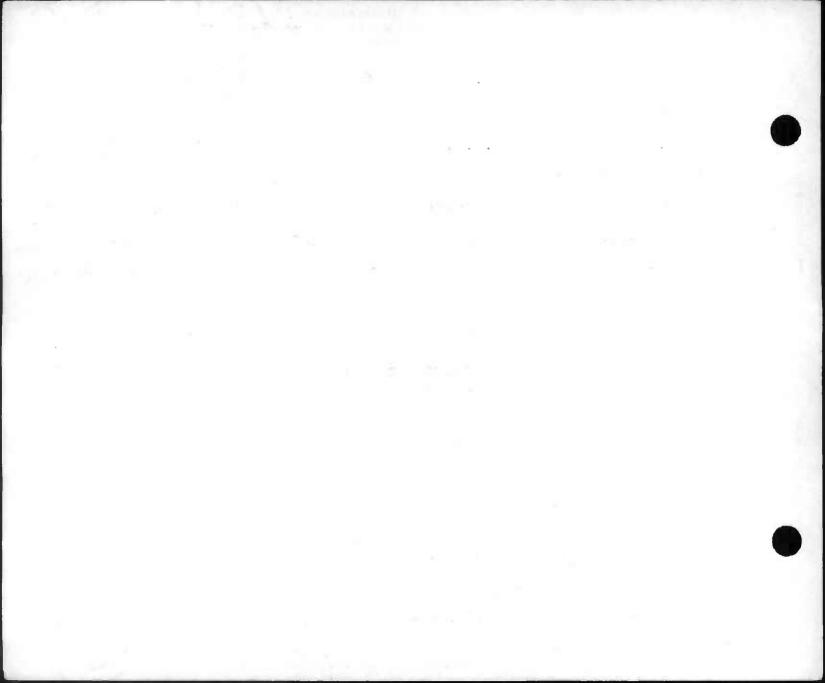
| STATE OF MARYLAND |
|---|
| STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APHYGIENE |
| CERTIFICATE OF BEATH |

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| 1 - | FOR - STATE REGISTRAR | DEPARTA | | TH AND MENT APHYGI | | | | |
|--|---|---|----------------|-------------------------------------|--|-----------------------------|---------------------------|------------|
| | CEASED NAME FIRST | WIDDLE | LAST | | REG. NO 20 DATE OF DEATH | MONTH DAY | YEAR 2b. | HOUR |
| TITPE | John | н. | omo | ney; | 10-5 | 0. 84 | 8 | 32p |
| 3. SE) | X | 4 RACE | 5 DATE OF B | IRTH YEAR | 6 AGE (IN YEARS LAST BIRT | | ER I YEAR IF U | NDER 24 OR |
| - | nale | BIACK | 10 | 02-04 | 80 | YRS. | | |
| | IRTHPLACE (STATE OR FOREIGN COUNTRY) | THE CITIZEN OF WHAT COUNTRY? | 8 MARRIED E | NEVER MARRIED 1 | BALTIMORE CITY O | R COUNTY OF D | DEATH | |
| | Carolina | U.S.A. | WIDOWED | | BAITO | Count | | 1 |
| R | baltimore | 11. NAME OF HOSPITAL, NURSIN | ADDRESS) | Spital Inc | 170 USUAL OCCUPATH (TYPE OF WORK FOR MOST O | | N KIND OF BU | SINESS |
| 13a. S | AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN aryland | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY Balti | /N 1136 | I. INSIDE CITY LIMITS? ES 📉 NO 🗌 | 13e STREET ADDRESS / 2921 Boa | | ve. 2 | 1215 |
| 4. FA | ATHER'S NAME FIRST | MIDDLE LAST | . 15. | MOTHER'S MAIDEN NAM | | | LAST. | |
| Ł | James | Tomoney | | Jannie | | | money | |
| | WAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SECU | RITY NO. 17 | INFORMANT | ADDRE | SS | | |
| 1 1 | NO. | 249-12 | <u>-165\$</u> | Katherine | Tomoney 2 | 2921 Bo | arman | Ave |
| | PART I. DEATH WAS CAUSED | ly one couse per line for (a), (b), one D BY: E CAUSE (a) | | ctory fail | ure | | APPROXIMATE BETWEEN ONSET | AND DEAT |
| NC | gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C | DUE TO, OR AS CONSEQUE | | Lyscasia | NAL DISEASE OR CONI | DITION GIVEN IN | Chroi | 112 |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION V | VAS PERFORMED | 200 AUTOPSY? YES NO | 206 IF YES, WEIN CERTIFYING | CAUSES OF D | |
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH DA | AY YEAR 19 | It. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART I C | OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F | | 1 LOCATION STREET | CITY OR TO | 120 | OUNTY | STATE |
| 22a I certify that (I) this hospital attended the deceased from 10/20 19 34 to 19 34 to 19 34 that (I) we lost sow the deceased alive on 10/20 19 34 and that in (my Cour) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | |
| | 276 SIGNATURE GOVERNO | Marban | MD | ATTENDING PHYSICIAN | MEDICAL STAP DIRECTOR PHYSIC | FLO | 10/20 | 199 |
| | EDUARDO | MARBAN | | St. Tosyph's | Hospital | Towson | n, mi |) |
| | BURIAL, CREMATION, REMOVAL BURILAL | | | burn Cem. | Balltimor | | | d .STATE |
| | uneral director Im "C" March F/ | H Inc. 110°TesE | North | Avenue | rec'd. by registrar 2 2 1984 | 256 REGISTRAR | SIGN PURE | ARC. |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and thanks to detect the other burds transfer permit. Then please remove corbon papers. Page with the State Dept. or Health and Membel Hygiene prior to burds, cremation, or removal.



within 24 hours after death. Page 4 may be.

FOR DEPARTMENT OF HEALTH AND MENCAL HYDIENE REGISTRAR CERTIFICATE OF DEATH

| 13 | 6 | 0 | 1 | 0 |
|----|---|---|---|---|
| Gm | 0 | 0 | | |

| Ι' | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO |). | | |
|---------------|---|---------------------------|---------------------------------------|-------------------------------|----------------------------|------------------------|---------------------|------------|
| | DECEASED NAME FIRST | MIDDLE | l. | AST | | | YEAR 26. HOUR | - |
| (1) | PE OR PRINT) HELE | N G. | TRER | T | OCT. | 9 198 | 4- | M |
| 3. S | EX | 4, RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | THDAY) IF UNDER | | |
| | - | 11/ | MONTH 3 | 1/0/12 YEAR | 72 | YRS. | DAYS HOURS / | MIN. |
| 7o. | BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT | COUNTRY? 8. | D NEVER MARRIED | 9 BALTIMORE CITY O | | тн | |
| | VA. | USA | WIDOWE | | BALT | O. COL | NTH | MD. |
| 10. | CITY OR TOWN OF DEATH | | AL, NURSING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | (IND OF BUSINESS | 5 OR |
| M | IDDLE RIVER | 4 BA | Y COURT | | HSWE | | | |
| | UAL RESIDENCE (IF NURSING HOME OF STATE 136 COU | | TY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 2122 | D | |
| L | MD B | Α | DOLF RIVER | YES NO D | 4 BAY | COURT | | |
| 14 | FATHER'S NAME FIRST | MIDDLE | LAST | 15 MOTHER'S MAIDEN NA | ME | | LAST | |
| 1 | WILLIAM | GORDOI | | MARGIE | SEX | TON | | |
| 160 | | 015 111 40 00 0 47551 | OCIAL SECURITY NO. | 17. INFORMANT | ADDRE | 55 11505 | | |
| _ | NO | 22 | 907 9827 | LEWIS TK | ENT J | EROME | AVE | |
| | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | nly one couse per line of | (a), (b), and | - 1 -1- | | BE | APPROXIMATE INTERVA | ATH |
| | | TE CAUSE (o) | arouse | espraro | y acres | 4 | muede | ale |
| | | DUE TO, OR AS A | CARCIA | indiamo: | | 2- | - 3 | |
| | Conditions, if ony, which gove rise to immediate | (b) | CARCIA | 1014747051. | 2 | ox. | - 3 /100 | ow |
| | couse (o), stating the | DUE TO, OR AS | CONSEQUENCE OF | 1. A Da. | 200 4 | | | |
| | underlying cause last. | (c)_/V | exastar | ic Acom | ocarein | oma | | 1 |
| 2 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIB | UTING TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN IN P | ART Ira | |
| CERTIFICATION | IN DAYS OF OPERATION | IN CONDITIONS | OR WHICH OPERATIO | NI WAS DEDECORASED | 20g AUTOPSY? | 20b IF YES, WERE | EINIDINIOS LISED | |
| 5 | 190 DATE OF OPERATION | 198 CONDITION F | OR WHICH OPERATIO | N WAS PERFORMED | - ~ | IN CERTIFYING CA | AUSES OF DEATHS | ? |
| E . | 210. ACCIDENT WAS UNDERLYING | 7 216. TIME OF INJUI | DV | 21c HOW INJURY OCCUR | YES NO | YES [| NO [| |
| | | HOUR A.M. M | ONTH DAY YEAR | THE HOW MAJORIT OCCOR | LED LEWISK MYTOM OF INJUR | TIN IIEM IS PART I ORP | ART 21 | |
| MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | P.M. 21e PLACE OF INJU | 19 | 211 LOCATION | | | | |
| ME | | | TORY OFFICE, FARM, ETC) | STREET | CITY OF TO | wn coul | NIY STAT | TE |
| L | AT WORK AT WORK | (A-1) - san-adad aba da-a | Cad | 1/10 10 8 | V. 10/1 | 5/ 108 | W.O. | A last |
| | 220.1 certify that (this hosp sow the deceased olive | 10/6/ | 77.1 | nd that in (my) (our) opinion | death accurred on the do | ate and hour and fre | om the couses state |) last |
| | abave, (1) (we) (did) did no 22b. SIGNATURE | of view the body after de | eoth. | DEGREE | | | DATE SIGNED | |
| 10 | 1 | and and | nan | ATTENDING | MEDICAL STAF | F | 10/10/80 | U |
| + | 22d. PHYSICIAN'S NAME (TYPE | OR PROPERTY. | ,,, | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 10/10/8 | <i>I</i> — |
| | NAEEM | GARMAN | | Stoo eld | court Rd | Landa | ditown | |
| 220 | BURIAL, CREMATION, REMOVAL | L 23b. DATE | I 234 NAME OF C | EMETERY OR CREMATORY | 123d. LOCATION | | 1/13 211 | 33_ |
| 130 | ISPECIFY BURIAL | 10/12/84 | | LIII I | CITY OR TOWN | MD | | TE |
| 24 | FUNERAL DIRECTOR | 181 | I I I I I I I I I I I I I I I I I I I | 250. DA | TE REC'D. BY REGISTRAR | 25h REGISTRAR'S S | IGN ATHRE | |
| | J.B. CONNE | -114 | ADDRESS MA | CE 00 | T 1 0 1084 | Juna Davido | on-handell | |
| | OLV. COLLINE | ~~/ | 11114 | 100 | 1 1 0 00-1 | | | |

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in Eyrit should be detached for use as the burial-transit permit. Then please remove corbon papers: Pages 1 and 2 thould be filled with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

etoined by the hospital or ottending physician.

The second secon MARKET SHEET OF THE PARTY OF PERSONS ASSESSED. Construction accept in the CARCON MATERIAL LANDS personal grader arcinery LAND A THE WATER BY SHELLING THE SHE Server - The server of the ser

completely filled in by

99

death certificate

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ottending physicia PHYSICIAN:

OR ATTENDING ö

TO HOSPITAL etained by

the hospital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the buriol-transit permit. Then please remave carbanapapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. MAPORTANI: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

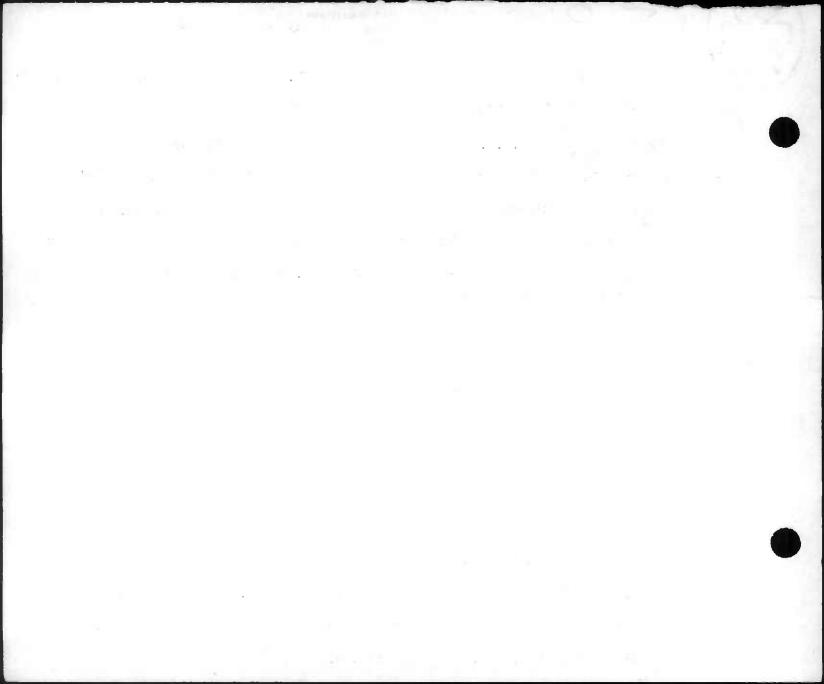
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTADHYGTENE

| 1 | 1 - | STATE REGISTRAR | | | DEI ARTE | CERTIF | ICATE OF DEAT | TH | REG. N | 10. | | | | |
|---|----------------|--|---------------------|------------------------|--|-------------------------------|-----------------------|-----------|--|-----------------|----------|--|----------------|------|
| | | EASED NAME | FRST | , | MIDDLE | ı | AST | | 20 DATE OF DEATH | MONTH | DAY | YEAR | 2h HOUR | _ |
| П | (TYPE | OR PRINT) | ROBER | RT 1 | EDWARD | T | RIMPER, S | SR. | | 10 | 23 | 84 | 11:10 | A. |
| П | 3. SEX | (| | 4. RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAST B | IRTHDAY) | IF UN | DER TYEAR | IF UNDER 24 H | |
| J | | Male | | Whi | te | MONTH 8 | 111 | 11 | 73 | YR | | DATS | HOURS M | 117. |
| N | | RTHPLACE (STATE | OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARK | DIED [] | 9 BALTIMORE CITY | OR COUP | NTY OF I | DEATH | | |
| И | | aryland | | U.S.A | • | WIDOWE | | CED [| Baltime | ore (| Count | ty | | MD. |
| 1 | 10 CI | TY OR TOWN OF D | DEATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME C | OR OTHER INSTITUT | ION | 120 USUAL OCCUPAT | | 12 | B. KIND O | F BUSINESS | |
| / | Ca | atonsvill | Le | 10 Sha | ronwood R | load | | ! | Vice Pres | ident | t E | Roger | s | |
| | USUA 13a. S | L RESIDENCE (# N | IURSING HOME OF | | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LI | IAAITS2 | 13e.STREET ADDRESS | / 7ID CC | ODE | | TIRLIN | 6 |
| 1 | | aryland | | imore | Catonsv | ille | | □x. | 10 Sharo | | | . 21 | 228 | |
| , | 14. FA | THER'S NAME | | MIDDLE | LAST | | 15. MOTHER'S MA | IDEN NAM | AE MIDDLE | | | | | |
| U | | Herma | an | MIDDLE | Trimp | er | Agn | ies | MIDDLE | | | Sp | anner | |
| , | | AS DECEASED EV | | MED FORCES? | 166. SOCIAL SECU | IRITY NO. | 17. INFORMANT | | ADDF | RESS | | | | |
| | - 11 | NO OR UNKNOWN) | (# 163, 01 | VE WAR OR DATES | 213-10-9 | 341 | Eileen E | . Tri | imper 10 S | haror | wood | d Ct. | 2122 | 18 |
| | | 18. CAUSE OF DE | ATH (Enter a | nly one cause per | line for (a), (b), an | d (çı) | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH | | |
| | | PART I. DEATH | | :D 8Y: TE CAUSE (a) | Respustas anest | | | | | | Ku | milia | b | |
| | | | | DUE TO, O | R ASA CONSEQUE | ENCE OF | * | | | | | 15 | 10 | |
| | | Canditions, if a | | (b) | hen L | aus | m | | | | | | <i>''</i> | |
| | | gave rise to i | oting the | DUE TO, O | R AS A CONSEQUE | ENCE OF | | | | | | | | |
| | | underlying cai | use last | (c) | | | | | | | | | | _ |
| | z | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN | | | | | | | | PART 10 | 31 | , | | |
| | TIO | 19a DATE OF OPERATION 19b. COND | | | DITION FOR WHICH OPERATION WAS PERFORMED | | | <u> </u> | 200 AUTOPSY? 206 IF YES, WERE FINDINGS U | | | IGS HSED | | |
| 1 | CERTIFICATION | DAIL OF OFL | KATIOTY | THE COIND | INOITOR WINCH | WHICH OPERATION WAS PERFORMED | | | YES NON YES T | | | NG CAUSES OF DEATH? | | |
| 1 | ERT | 21a. ACCIDENT WAS | UNDERLYING [| 7 21b. TIME O | F INJURY | | 21c HOW INJURY | OCCURRE | ED (ENTER NATURE OF INJ | URY IN ITEM | hand | OR PART 2) | 140 | |
| 1 | AL O | OR CONTRIBUTING | CAUSE OF DE | ATH HOUR A. | M. MONTH DA | | | | | | | | | |
| | MEDICAL | (IF EITHER, NOTIFY M | | 21e. PLACE | OF INJURY | 19 | 211. LOCATION | | | | | | | _ |
| | W. | WHILE NOT | WHILE WORK | (AT HOME, STE | REET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | | CITY OR T | OWN | | OUNIY | STATE | |
| | | 22a. I certify that | | ital) attended th | e deceased from_ | 11/ | , 19 | 83 | 10 10 2 | -3 | | SY. | that (I) we) I | last |
| | | saw the dece | eased alive ar | at) view the body | otter death | 541,01 | nd that in (my) (aur) | apinion d | eath accurred on the | date and | hour and | from the | causes stated | |
| | | 226. SIGNATURE | y Coltay (Glid like | 1100 | 0 7 | | DE GREE | | | | | 22c DATE | SIGNED | |
| | | Wes | n C | Leterke | de Vi | 3 | ATTEN PHYS | ICIAN A | | AFF ICIAN [] | | 10/ | 23/87 | - |
| | | 224 PHYSICIAN'S NAME (1VPE OR PRINT) 22e ADDRESS | | | | | | | | | | | | |
| | | Dr. Wat | terfie1 | ld U | | | St. Agr | nes Ho | osp. Oncol | ogy I | Dept | • | | |
| | | URIAL, CREMATIO | N, REMOVAL | 10. | - 1 | NAME OF C | EMETERY OR CREM | ATORY | 23d LOCATION | | 1:01 | INITY | STATE | |
| | | Crema | ation | 10/2 | 7/84 Se | curit | y Process | | Catonsv | | | lto. | Maryl | .and |
| | | INERAL DIRECTOR | | | | 1229 | | 250. DATE | REC'D. BY REGISTRA | 0 | | | URE | |
| | Hul | bbard Fur | neral F | Home, In | c. 4107°W | lilken | s Ave. | UU | 1 2 4 1984 | Carli | a Day | den | 2 | |
| | | | | | | | | | | | | | 1 Jacks | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



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STATE OF MARYLAND

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| 7 | STATE REGISTRAR | DEPARTME | REG. NO |). | | | | |
|---|---|---|-----------------------|--|--|------------------|-----------------------------|----------------------------------|
| | 1. DECEASED NAME FIRST | MIODLE LAST | | | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | |
| | William | n VOCTMAN | | | October 29 | 1984 | | 4.40 a M |
| | | | DATE O | | 6. AGE (IN YEARS LAST BIRT | | LINEER TYEAR | # UNDER 24 HRS |
| 1 | MALE | WHITE | FEB. | | 88 | YRS | DAVS | HOURS MIN |
| - | | CITIZEN OF WHAT COUNTRY? 8 | DDIE- | □ NEVER MARRIED □ | 9 BALTIMORE CITY OF | R COUNTY O | FDEATH | |
| / | MARYLAND | | WARKIEL | | Baltimore | County | | MD. |
| 1 | 10 CITY OR TOWN OF DEATH | . NAME OF HOSPITAL, NURSING | | R OTHER INSTITUTION | 120 USUAL OCCUPATE | NC | | BUSINESS OR |
| / | ROSSVILLE | FRANKLIN SQU | ARE | HOSPITAL | WHOLESALE | | PRODU | CE |
| 5 | USUAL RESIDENCE (IF NURSING HOME OR OTH 130 STATE 136 COUNTY MARYLAND BALT | IMORE 136. CITY OR TOWN 2123 | | 134 INSIDE CITY LIMITS? | 3109 EDGH | ZIP CODE | AVE. | 21234 |
| 1 | 14. FATHER'S NAME FIRST MIDE JOHN | VOGTMA | N | 15 MOTHER'S MAIDEN NAME FIRST MARY | ME | e W | LAST NO E | DHUFF |
| ī | 160 WAS DECEASED EVER IN U.S. ARMEI | | | 17 INFORMANT | ADDRE | SS | 1100 | DRUFF |
| | (YES, NO OR UNKNOWN) (IF YES, GIVE W. W. W. | I 215-09-2 | 011 | JOHN C. VOC | TOOLOGICANIME | יות היות | 10D AT | T 0400 |
| | Conditions, if ony, which gove rise to immediate cause (o), stofing the underlying couse lost | CAUSE (0) Cardio Pul DUE TO, OR AS A CONSEQUENCE (b) Renal Fail DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE | mona. CE OF ure | | | | BETWEEN O | NAPE INTERVAL INSET AND DEATH |
| | PART 2. OTHER SIGNIFICANT COM | | | DITION GIVEN | IN PART Ita | | | |
| 2 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH OF | PERATION | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDING NG CAUSES (| |
| 3 | OR COLUMN TO 10 CAUSE OF DELTH | 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. | YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PAR | T T OR PART 2) | |
| | CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK | 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA | | 211. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | 22a.1 certify that 4D (this haspital) saw the deceased alive on obove, 4D (we) (did) (did not) vi | 19 | | ber 23 , 19 84 d that in (my) (our) apinion of | | | | hat Hi (we) last ouses stated |

should be detached for use as the burial-transity with the State Dept of Health and Mental Hygier TO FUNERAL DIRECTOR:

MPORTANT: If he

DHMH - 16 50M 4/83 (VRA 15, 4)

M. Vemury, M.D. 23a. BURIAL, CREMATION, REMOVAL

224. PHYSICIAN'S NAME (TYPE OR PRINT)

226 SIGNATURE

BURIAL

23c NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY

184

NOV.1,

22e ADDRESS

DEGREE

9000 Franklin Sq. Dr., 23d. LOCATION CITY OR TOWN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE SIGNED

TERY BALTIMORE CO. MD

150 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

OCT 2 9 1987 4 16: 8 24 FUNERAL DIRECTOR JOHNSON8521 LOCH RAVEN BLVD

11. 1266 Large and the server of the server and the server are server the s The Control of the Control would be a wife to the control of the c CHILL DO AND THE LAST SHOW THE REPORT OF THE CO. . T. VOTE . A SEAL AND THE RESERVE WEEK STORY TO BE A SEAL OF THE

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physician and a

other troumatic event, th

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If Hem 21 is morked or Hem 18

CERTIFICATION

MEDICAL

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for use as the burial transit per of Health and Mental Hygiene

should be detoched with the State Dept.

certificate hos

After this

DIRECTOR

FUNERAL

etoined by the hospital

BP

or offending physicion.

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS 3 SEX 7a. BIRTHPLACE (STATE OF FOREIGN New York O CITY OR TOWN OF DEATH Cockeysville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY, 13c. CITY OR TOWN

Female

MD

LYES, NO OR UNKNOWN

William

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

14 FATHER'S NAME

No

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

| H | HYGIENE | - | 2 |
|---|---------|---|---|
| ı | | | |

| | HEALTH AND MEN OF HYS | REG. NO. |
|-----------|--------------------------|--|
| | LAST | 20. DATE OF DEATH MONTH DAY YEAR 20 HOUR |
| WA | GNER | October 9, 1984 6/14 |
| 5. DATE O | | 6 AGE (IN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS |
| Nov | . 29, 1896 | 87 _{YRS} |
| 8. | D NEVER MARRIED | 9 BAITIMORE CITY OR COUNTY OF DEATH |
| WIDOWE | - | Baltimore County M |
| HOME (| or other institution | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 128 KIND OF BUSINESS O INDUSTRY OWN Home |
| DMISSION) | 13d. INSIDE CITY LIMITS? | 138. STREET ADDRESS 13801 York Road, 21030 |
| | 15. MOTHER'S MAIDEN NAM | ME MIDDLE LAST |
| ITY NO. | 17 INFORMANT | ADDRESS |
| 226 | Henry M. | Wagner, Chicago, Ill. 60643 |
| (cl.) | ASCULAR A | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CCIDENT |
| ICE OF | | |

| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT | y one couse per line for (a), (b), and (c).) D BY: E CAUSE (a) CENEBROUASCULAR ACCIDENT | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
|---|---|--|--|
| couse (a), stoting the DUETO, OR AS A CONSEQUENCE OF | | 1 | |
| (c) | couse (o), stoting the | DUE TO, OR AS A CONSEQUENCE OF | |

TACHY BRADY SYNDROME

CONDITION FOR WHICH OPERATION WAS PERFORMED

| 190 DATE OF OPERATION | 1 |
|---|---|
| 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 2 |
| 21d. INJURY OCCURRED WHILE NOT WHILE | 2 |

22b. SIGNATURE

FIRST

MARGARET

Balto.

MIDDLE

(IF YES, GIVE WAR OR DATES)

22a. I certify that (1) this hospital) attended the deceased from

4 RAC

White

USA

76 CITIZEN OF WHAT COUNTRY?

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Cockeysville

- LAST

Corsen

Broadmead

166 SOCIAL SECURITY NO

215 24 2226

IN TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 1e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

CITY OF TOWN

IN CERTIFYING CAUSES OF DEATH? YES [

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 220 DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

DEGREE

Broadmead, Cockeysville, MD

20a AUTOPSY?

NOX

| 3a | BURIAL, CREMATION, REMOVAL | 23b. DATE |
|----|----------------------------|-----------|
| | Cremation | 10/10/84 |

231. NAME OF CEMETERY OR CREMATORY Green Mount

Balto.,

STATE COUNTY MD

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co. 4905 York Road Balto., MD 21212

Walter N. Hepner, III, M.D.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

WHAT IS A STREET OF THE CONTROL OF T 1.750 the district of the second of empt and new named best - a Date . I was a second of the s The transfer of the second of the Walter M. Hagner, HI, W.D. Brossmerr, Joseph VIII. VI Heneu M. Jengins B. sone Co. seekee kans Ento., MDWM121E FOR - STATE

stor, page 3 softer death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT ACHYGIENE -

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|---|---|---|----|--|
| 2 | 0 | 0 | la | |
| | | | | |

| ł | | REGISTRAR | | | | CLKIII | REG. NO | | | | | | | |
|---|---|--|---------------|-------------------|--------------------------|-----------|-------------------------|------------|----------------------------|-------------|------------|------------|---------------|-------|
| 1 | 1. DECEASED NAME FIRST MIDDLE [TYPE OR PRINT] | | | | | | AST | 2a D | ATE OF DEATH | MONTH | DAY | YEAR | 2b. HOUR | |
| ı | WILHELMINA H. | | | | WAII | ONER | | | 10 | 22 | 184 | 7:35 | AM | |
| ı | 3. SEX | | | 4 RACE | | S. DATE C | | 6 AG | E (IN YEARS LAST BI | RTHDAY) | IF UN | DER 1 YEAR | IF UNDER 24 F | |
| ļ | | Female | 2 | Whit | e | Mar | ch 4, 1912 | | 72 | YRS | | HS UAYS | HOURS A | A IN. |
| 1 | | THPLACE STATE O | R FOREIGN | 76, CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BA | LTIMORE CITY | OR COUN | TY OF | DEATH | | |
| 1 | | uis iana | | WIDOWE | | - I | BALTIMOR | E COI | UNTY | | | MD. | | |
| 1 | 10. CIT | Y OR TOWN OF DE | EATH | | | | R OTHER INSTITUTION | | SUAL OCCUPAT | | | | F BUSINESS | OR |
| d | 7 | TOWSON | | | CER BALTI | | MEDICAL CENT | | of work for most of lomema | | 3 (IFE) IN | of the | n Hon | ne |
| 1 | USUAL 130. ST | RESIDENCE (# NU | RSING HOME OF | | GIVE RESIDENCE BEFOR | | 13d INSIDE CITY LIMITS | 2 113a ST | REET ADDRESS | / 7IP CC | UDE | | | |
| Ä | | MD | | lto. | Towso | | YES NO K | | 22 Old | | | Rd., | 2120 |)4 |
| J | I4. FAT | HER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN | NAME | WIDDLE | | | 145 | T | |
| A | V | /illiam | A | • | Hahn | | FIRST (?) | | MIDDIE | | Le | onar | d | |
| 7 | | AS DECEASED EVE | | MED FORCES? | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDR | ESS | | | | |
| | | No | (18 123, 011 | VE WAR OR DATES | 218 05 | 2673 | Robert A. | Wa | idner, | | Sar | me | | |
| 1 | T | E CAUSE OF DEA | TH (Enter or | nly one cause per | r line far (a), (b), a | nd (c'.) | | | | | L | BETWEEN | MATE INTERVAL | ATH |
| ı | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIOPULMONARY ARREST | | | | | | | | | | 15 N | MIN | |
| 1 | - 1 | | | | | | | | | | | 11 1171.70 | | |
| 1 | | Conditions, if ony, which (DUE TO, OR AS A CONSEQUENCE OF ADENOCARCINOMA LUNG | | | | | | | | | | 1/2 | YEARS | |
| 1 | | gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUE | | | | | ENCE OF | | | | | | | |
| ı | | underlying couse lost. | | | | | | | | | | | | |
| ı | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P. | | | | | | | | | | V PART 110 | 0 | |
| | O N | | | | | | | | | | | | | |
| A | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WHICH | | | | | N WAS PERFORMED | 20a | AUTOPSY? | | | | OF DEATH? | |
| | FIE | | | | | | | YE | S NO | | YES [| | NO 🗌 | |
| П | | 210. ACCIDENT WAS U | _ | 216 TIME C | OF INJURY .M. MONTH D | AY YEAR | 21c HOW INJURY OCC | URRED (E | NTER NATURE OF INJU | JRY IN ITEM | 18 PART I | OR PART 21 | | |
| | CAL | OR CONTRIBUTING [| , | 8179 | .M. | 19 | | | | | | | | |
| 1 | | | | | | | | | | | OUNTY | STATI | E | |
| I | | WHILE NOT V | ORK | | | | | | | | | | | |
| 1 | | 220 I certify that (| I) (this hosp | tol) tteaded It | 22 deceased from. | 10 | | 34, to | 10/22 | | | | that (I we | , |
| ı | | sow the deco | | at) view the body | | 04 or | nd that in (my out apin | on death o | occurred on the d | ate and h | navi and | from the | causes states | d |
| 1 | | 226. SIGNATURE | 1 | | | - 04 | DEGREE | | | | | 224 DATE | SIGNED | - 11 |
| | | V)./ | ley | | | 110 | ATTENDING PHYSICIAN | | DICAL STA | | | 19 | 22/ | 84 |
| | | 22d PHYSICIAN'S I | VAME (TYPE C | OR PRINT) | | | 22e ADDRESS | | | | | , | 7 | A |
| | | DALE F | R. MEY | ER, M.D. | • | | GBMC - 67 | 01 N | . CHARLE | S ST | . 21 | .204 | | |
| | 23a. BL | IRIAL, CREMATION | I, REMOVAL | 23b. DATE | 230 | NAME OF C | EMETERY OR CREMATOR | RY 23d | LOCATION | | | | | |

DHMH - 16 50M 4/83

MPORTANT: If Item 21 is mark

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. P should be detoched for use as the burial-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

(VRA 15, 4)

retorned by the hospital

Entombment

10/25/84

Druid Ridge

Pikesville,

MD

^{24 FUNERAL DIRECTOR}Henry W. Jenkinson Sons Co. 4905 York Road Balto., MD 21212

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OCT 2.3 1984

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office and a figure The Country To the Co TO THE SALE SALE SALES the proof the the time of

STATE OF MARYLAND

| 63 | L. | S. | -) | - 1 |
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| 1- | FOR STATE REGISTRAR | | | DEPART | | EALTH AND A | | ISNE REG. | O O | 4 | |
|---------------|---|--------------|---------------------|------------------------------|------------|----------------|-----------------|-------------------------------------|-----------------|---|-------------------------------------|
| | CEASED NAME | FIRST | 1 | MIDDLE | L | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| (ITPE | OR PRINT) | LANCH | E | ELLA | WA | LTER | | | 10 | 04 84 | 6:00A M |
| 3. SE) | (| | 4. RACE | | 5. DATE C | | YEAR | 6. AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| | FEMALE | | WHI | TE | 08 | 20 | 96 | 88 | YRS | | |
| 7a. BI | RTHPLACE PLATE OF | DREIGN | 76. CITIZEN OF | WHAT COUNTRY | DUNTRY? | | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | |
| | VIRGINIA | | U.S | | WIDOWE | DIX DIV | ORCED | BALTIMORE COUNTY | | | MD |
| 10 CI | | | | HOSPITAL, NURSI | | R OTHER INST | ITUTION | 120 USUAL OCCUPA | | | OF BUSINESS OR |
| C. | | | | IAN NURS | | NTER | | HOMEMAK | | | |
| 13a. S | AL RESIDENCE (IF NURS STATE ARYLAND | 139 COUN | | GIVE RESIDENCE BEFOR | WN | 13d. INSIDE CI | TY LIMITS? | 13e STREET ADDRESS | | | . 21228 |
| | THER'S NAME | | | | ATTITU | | MAIDEN NA | ME | 100 100 | | |
| | JOHN | | WIDGIE | PEVERA | T.T. | | FIRST HATTIE | WIDDIE | | | NIGAN |
| | VAS DECEASED EVER | | | 166. SOCIAL SEC | | 17 INFORMA | | ADD | RESS | | |
| | NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 219-20- | 0881 | MARET. | T.AIJMAN | N 203 INC | LESI | E AVENU | E. 21228 |
| | 18. CAUSE OF DEAT PART I. DEATH W | AS CAUSE | Ď BY E CAUSE (a) | line far ja), (b), a | ble gra | unini | | | | APPRO | XIMATE INTERVAL NONSET AND DEATH |
| | Canditians, if any | , which | (b)_ | | | | | | | | |
| | gave rise to im- cause (D), statii underlying cause | ng the | DUE TO, O | r as a conseol | JENCE OF | | | | | | |
| NOI | PART 2 OTHER SIG | NIFICANT O | ONDITIONS CO | SOWAL U | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE OR CO | NOITION O | Demons | 74 |
| CERTIFICATION | 190. DATE OF CER | Bes Ti | PHY GOND | THEY FORTH | LOPEANO | N WAS PERFO | RMED | YES NO | 20b. IF Y | YES, WERE FIND TIFYING CAUSE YES [] | |
| | 210. ACCIDENT WAS UN OR CONTRIBUTING | CAUSE OF DE | KIN . | PEINJURY M. MONTH D M. | DAY YEAR | 21c. HOW IN | JURY OCCURE | RED (ENTER NATURE OF IN | IJURY IN ITEM ! | B PART I OR PART 2) | |
| MEDICAL | 21d INJURY OCCUR | RED | 21e PLACE | OF INJURY | FARM ETC) | 211 LOCATIO | N | CITY OR | IOWN | COUNTY | STATE |
| 2 | WORK NOT W | | | | - 4 | 1 . | | d | · H. | | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

ORTANT, IF IN

ALBIN KUHN, M.D. 236. DAJE

22a L certify that (1) (this haspital) attended the dece

DEGREE

22e ADDRESS

(my spur) opinion death occurred on the date and hour and I am the couses stated

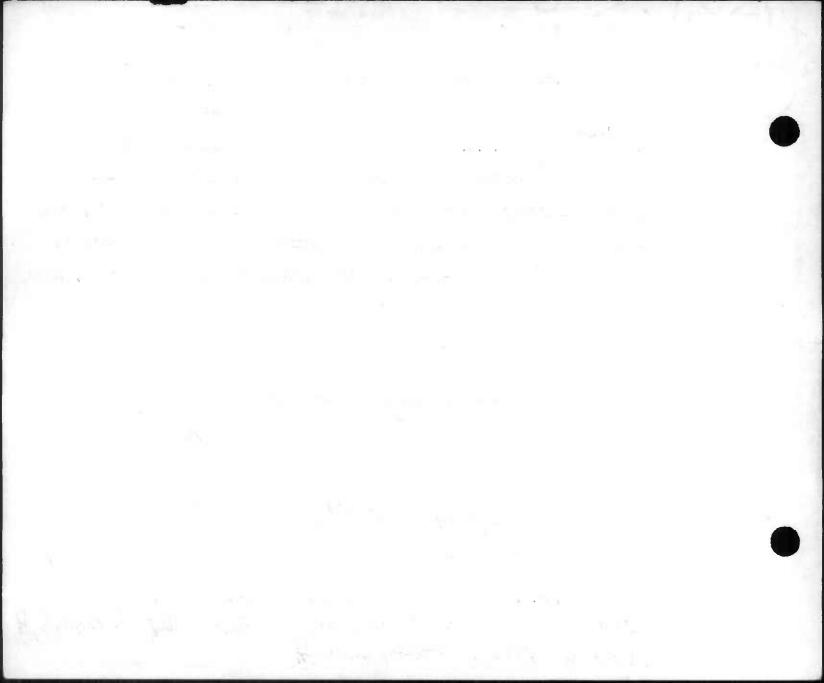
STAFF

220 DATE SIGNED

ATTENDING PHYSICIAN

A JAAF

MEDICAL



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ashould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, at removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, at other traumatic event, the medical

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

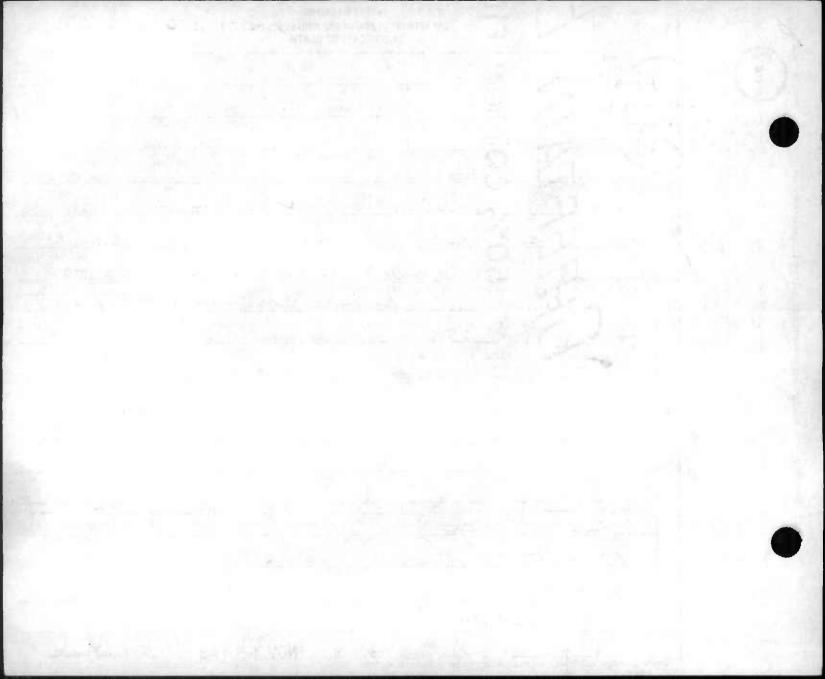
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON 31., BALLIMOKE, MARTIAND 2120 | hat | |
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| | AT | Spi |
| | TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page | retained by the haspital or attending physic |
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STATE OF MARYLAND FOR
- STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTALLY YGIENE CERTIFICATE OF DEATH

6

| REODINAR | | | | | | REG. | NO. | | | | |
|---|-----------------------|-------------------------|-----------|-----------------|-----------------|------------------------------|----------------|------------|------------|------------|----------|
| 1. DECEASED NAME FIRS | | WIDDLE | | LAST | | 20. DATE OF DEATH | MONTH | OAY | YEAR | 26 HOU | UR A |
| ELA | INE | М. | W | ALTON | | 1 | 10 | 27 | 84 | 12:0 | 01 % |
| 3. SEX | 4 RACE | | 5. DATE | | | 6 AGE (IN YEARS LAST | BIRTHOAY) | MON1: | DER I YEAR | IF UNDER | |
| Female | White | | MONT | | YEAR 2.1 | 62 | YRS | | DAYS | HOURS | ANIN. |
| BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | | | 9 BALTIMORE CITY | | | DEATH | | |
| New Jersey | U.S. | | WIDOW | D NEVER | MARRIED | Polto | Ga | | | | |
| 10 CITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | | | Balto. | | | b. KIND O |) F BUSIN | ESS OR |
| Dolto Co | | H FACILITY, GIVE STREET | | | | (TYPE OF WORK FOR MOS | | G LIFE) IN | DUSTRY | | |
| Balto. Co. | | corn Circ | | | | Clerk | | | Blue | Cros | SS |
| 130 STATE 136 C | COUNTY | 13c. CITY OR TOW | 'N | 13d. INSIDE C | ITY LIMITS? | 13e. STREET ADDRES | 5 | | | | |
| Md. | | Balto. C | Co. | YES 🗌 | NO D | 27 Acorn | Circ. | le | 2] | 1204 | |
| FATHER'S NAME | MIDDLE | LAST | | 15 MOTHER | S MAIDEN NAM | ME | | | LAS | 1 | |
| Walter | I. | Mathis | | Re | ba | | 5 | Zeig | _ | | |
| 160 WAS DECEASED EVER IN U.S | S. ARMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMA | INA | ADD | RESS | | | | |
| No | ES GIVE WAR OR DATES! | 155-03-1 | L405 | Mr. | Charle | es P. Walto | n - s | Same | as f | #13 | |
| 18 CAUSE OF DEATH (Ent | er anly one couse per | line for (a), (b), and | dicia - | | 1.0 | 1.10.1 | | | APPROX | IMATE INTE | RVAL |
| PART I. DEATH WAS CA | AUSED BY: | | Van | trioul | n File | rellation | | | And | an O | V |
| IMME | DIATE CAUSE (o) | | | | | Δ | | | 710 | | - |
| Conditions, if any, which | | R AS A CONSEQUE | OD L | Tin Can | a in a | Vas Dis | en o | , | 2,5 | - yra | > |
| gove rise to immediat | e | arrow cost | year w | u cou | 40 VIVOGO | may our | - | - | | - | |
| couse (a) stating the underlying couse los | | R AS A CONSEQUE | ENCE OF | | | | | | | | |
| DARTA CTUENCIONES | (c) | | | | | | | | | | |
| PART 2 OTHER SIGNIFICA | INI CONDITIONS CO | DATKIBUTING TO L | DEATH BUT | NOI RELATED | TO THE TERM | INAL DISEASE OR CO | NDITION (| GIVEN IN | PART 10 | 3 | |
| 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYIN | TIAN COND | ITION FOR WHICH | OPERATIO | AL MAC DEDEC | ND44ED | 200 AUTOPSY? | 204 15 | VEC ME | DE EINIDA | 105 1105 | |
| OF IND DATE OF OPERATION | 140. COND | IIIOI4 FOR WHICH | OPERATIO | NA WAS PERFC | KMED | 200 AUTOPST | | | RE FINDING | | |
| TX | | | | 1-1-1-1-1 | | YES NO | | YES | | NO [| |
| | LI LIGHTS I | M. MONTH DA | AY YEAR | 21c. HOW IN | 1JURY OCCUR | RED (ENTER NATURE OF IN | JURY IN ITEM 1 | B PART I C | OR PART 2) | | |
| S (IF EITHER NOTIFY MEDICAL EXA | | M. | 19 | | | | | | | | |
| OR CONTRIBUTING CAUSE OF CHIEF MOTHER MOTHER MOTHER MEDICAL EXA | 21e. PLACE | OF INJURY | ARM ETC) | 211 LOCATIO | NC | CITY OR | NWO1 | | OUNTY | | STATE |
| AT WORK NOT WHILE AT WORK | | CEV. FACTOR OFFICE. F | Ann, Cicy | | | | | | | | |
| 220.1 certify that (1) (this- | hespitel) attended th | e deceased from | 10- | 2.7 | , 19.57 | | 77 | . 19_6 | 84. | that (I) (| way lost |
| sow the deceased pliv above, (†) (wa) (did) (d | e on 7-27 | attay doub | 4 .01 | nd that in (my) | (our) opinion o | death occurred on the | date and h | nour and | from the | couses st | oted |
| 22b. SIGNATHR | 11 A | diferideoni | | DEGREE | | | | | 22c. DATE | SIGNED | |
| 410 | 1110 | in | | | ATTENDING | | AFF | | | | |
| 22d. PHYSICIAN'S NAME (| TYPE OR PRINT) | | 7 | 22e ADDRES | PHYSICIAN 🔀 | DIRECTOR PHYS | ICIAN [] | | | | |
| 1811 | TTIF | TON | | 101 | 2 00 | DVASTIP | // | 1.0 | | | |
| | | | | | - 030 | a monde | ferr | 77 | | | |
| 230 BURIAL, CREMATION, REMO | | | NAME OF C | EMETERY OR | CREMATORY | 23d LOCATION CITY OF TOWN | | COU | YIMI | | STATE |
| Removal | 10/27 | /84 | | | | | | | | | |
| 24 FUNERAL DIRECTOR | | AODRESS | | | 250. DATI | E REC'D. BY REGISTRA | R 25b. REG | ISTRAR'S | SIGNAT | URE | |
| Anatomy | Board | | Balto | o., Md. | NUV | 1 3 1984 | hart | Davids | on-Ra | ndell | |



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HUGIENE CERTIFICATE OF BEATU

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| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | O. | 1 | |
|----------|--------------------|-------------------------------|--------------------|---------------------|-----------------|---------------------------------|--------------------------|---------------------------|----------------------------|----------|
| | L DECEASED NAME | FIRST | | MIDDLE | l | AS1 | 20. DATE OF DEATH | MONTH DAY | YEAR 2b. | HOUR |
| | (TYPE OR PRINT) | MARGA | ARET | | WARI | NER | October 3 | 31, 1984 | | |
| | 3. SEX | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) # UNDER | | UNDER 24 |
| | Fema1 | 2 | White | | Aug | 27, 1904 YEAR | 80 | YRS | DAYS HO | OURS |
| 10 | BIRTHPLACE (S | TATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNT | RY / 10 | D NEVER MARRIED | 9 BALTIMORE CITY O | | ATH | |
| X | Pennsylv | ania | U.S | .A. | WIDOWE | | Baltimo | re County | | |
| 50 | 10. CITY OR TOWN | OF DEATH | | | | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | ION 126 P | CIND OF BU | JSINES |
| 1/1 | / Pikesv: | ille / | Pike | HEACILITY, GIVE STI | Nursing | Center | Sales | | Dept. | Sto |
| 201 | ISUAL RESIDENCE | (IF NURSING HOME OF | ROTHER INSTITUTION | GIVE RESIDENCE BE | FORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / 3:D CODE | | |
| 00 | Marylan | nd Name of | MIT | Baltin | | YES X NO | 524 N. | Charles St | treet | 212 |
| Enn! | H. FATHER'S NAME | | -0 | | | 15 MOTHER'S MAIDEN NA | ΜE | | | |
| \$U() | John | ì | MIDDLE | Morri | issev | Bridget | MIDDLE | Car | rrol1 | |
| 8 1 | He WAS DECEASE | | | 166. SOCIAL SI | | 17 INFORMANT | ADDRE | | | |
| 24 | NO OR UNKNO | WN) (IF YES, GIV | VE WAR OR DATES) | 219-10 | -4844 | James M. War | d Ferguson | n. Mo. 63 | 135 | |
| 6/ | LI CAUSE OF | DEATH (Enter or | alu one coure nec | line for (a) (b) | and (CL) | | 7. | | APPROXIMATE TWEEN ON SE | INTERV |
| É, | PART I. DE | ATH WAS CAUSE | D BY: | D | | anellym | Theracio | 20 4 | - 1 | 10 |
| é | | IMMEDIA | TE CAUSE (a) | ay. | roccod ! | a recouping | The William | 20 5/00 7 | 4.4.4 | 1 |
| Ę. | | | DUE TO O | R AS A CONSE | OUENICE OF | | | | | |
| Ě | 0. 0 | | , , , | K AS A CONSE | GOENCE OF | | | | | |
| 0 | | if ony, which to immediate | (b) | | | | | | | |
| - L | | stoting the | I DUE TO O | R AS A CONSE | OHENCE OF | | | | | |
| į į | | couse last. | 100010,0 | K AS A CONSE | QUENCE OF | | | 1 | | |
| ž. | | | (c) | | | | | | | |
| × | | RSIGNIFICANT | CONDITIONS CO | ONTRIBUTING | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN P | ARI IIa | 1 |
| 0 | 190 DATE OF (| ed de se | and, De | unent | cu an | Thee in | righton | andal t | ol | 0 |
| 2/0 | I 190 DATE OF | OPERATION | Mb. COND | ITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 260 AUTOPSY? | 206. IF YES, WERE | FINDINGS | USED |
| 30/ | 5 | | | | | | | IN CERTIFYING C | AUSES OF | DEATH |
| 0 | 12 | | | | | | YES NO | YES [| N | 10 🗌 |
| 80 | 210. ACCIDENT | WAS UNDERLYING | 216. TIME O | | | 21c. HOW INJURY OCCURE | ED (ENTER NATURE OF INJU | RY IN ITEM IS PART I OR P | ART 7) | |
| 11 | OR CONTRACTOR | NG CAUSE OF DE | ATT I | M. MONTH | | | | | | |
| = | (IF EITHER, NO | IFY MEDIC AL EXAMINE | | M. | 19 | | | | | |
| ò | (IF EITHER NOT | CCURRED | 21e PLACE | OF INJURY | ICE EADAL FYC. | 211. LOCATION | CITY OR TO | wn cou | NTY | STA |
| 9 | ₹ WHILE AT WORK | NOT WHILE | TAT HOME ST | REET, FACTORY OFFI | KE, FARM ETC } | SINCE | CIT ON TO | | | |
| 0 | | | | | | 5 | 11 11: | >1 8 | 60 | |
| S | | hot (1) (this hosp | ital) attended th | | | . 19 | 7.10 10-1 | 19 9 | | III/we |
| - 5 | sow the | reosed olive pr | (0- | 24 | 9 5 4.01 | nd that is (my) (our) opinion o | deoth occurred on the de | ote and hour and fro | om the caus | es stot |
| Ε | 225. SIGNAME | (e) (did) did no | I view the body | otter death | - | DEGREE | | Type | DATE SIGN | NED. |
| He | 1 X | | 11 | 2 /1 | / | ATTENDING | MEDICAL STA | 1117 | MALE SER | 1000 |
| = , | 104 | 1100 | CP 50 | 361 | 1 | AL PHYSICIAN | MEDICAL STA | | 1-2- | . 8 |
| 7 | 127 A PHYSICIA | N'S NAME ITYPE O | OR PRINT) | 200 | | 22 ADDRESS | X | | 1 | 0 |
| F / | | | | | | , | 1 | | | 1 |
| MPORTANT | Haro | Ld Bobb, 1 | M.D. | | | 7220 Park H | leights Ave | nue Balt | timore | e, Mo |
| ≥/ | 23a. BURIAL, CREMA | TION, REMOVAL | 236. DATE | 2 | 3c NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | |
| | Buria | | Nov.3, | 1984 | Dulanes | y Valley Cem. | Cockeys | ville R | alto. | MA |
| - | | | MOA . 2 | 1704 | Durane | y variey cem. | Cockeys | ATTE DO | AT LU. |) LIC |
| /83 | 24 FUNERAL DIREC | | | ADDRES | | York Road 250 DAT | | | | |
| | Ruck To | son Fun | eral Hom | ne, Inc. | Towson | n_Md.21204 N | BV 5 topA | Pa. Kerid | 100 | ndat |
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DHMH - 16 50M 4/83 (VRA 15, 4)

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- "g/Ac...m gs = - - - - - - -enace magazina. An di pely o ila A DEEL PROPERTY OF THE PARTY OF

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

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| No C | |

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

| 2 | 6 | in | . 3 | 1 |
|------|---|----|------|---|
| d'un | 0 | U | line | |

| | MARY | G. | WARNER | | | 10/3 | 27/84 | 8:50 |
|--|--|--|---|--|---|--|--|--|
| 3. SEX | X | 4. RACE | | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | UNDER TYEAR | IF UNDER 24 H |
| | Female | Wh | ite 2 | /28/33 | 51 | YRS | NIHS DAYS | HOURS MI |
| TE BI | IRTHPLACE (STATE OR FOREIGN | | F WHAT COUNTRY? 8 | | 9 BALTIMORE CITY O | | FDEATH | |
| | Maryland | USA | MARRI | ED X NEVER MARRIED L | BALTIM | ORE CI | OUNTY | |
| | TITY OR TOWN OF DEATH | | F HOSPITAL, NURSING HOME | | 120 USUAL OCCUPATI | ON | | F BUSINESS (|
| -6- | TOWSON | 6701 | N CHARLES | | Housewife | F WORKING LIFE) | INDUSTRY | |
| | STATE 136 COL | | 13c. CITY OR TOWN Baltimore | | 13e STREET ADDRESS / 3978 Edgeh | | a -Ant | 21211 F-5 |
| 14 FA | ATHER'S NAME | | I partimore | 15 MOTHER'S MAIDEN NA | | TTT WA | e,-Apt | • E-J |
|) | FIRST | WIDDLE | LAST | FIRST | WIDDLE | | LAST | |
| 14 - /04 | John Was deceased ever in U.S. A | E. | Hepding 166 SOCIAL SECURITY NO. | Nellie | 4688 | 96 - 3 | Whit | |
| | (YES, NO OR UNKNOWN) (IF YES, C | GIVE WAR OR DATES) | | | | 8 Edge | | |
| | No | | 218-28-9628 | Brenton R. Wa | rner, Sr. Ba | ltimor | e, Md. | 2121 |
| | 18 CAUSE OF DEATH (Enter | only one couse p | er line for to), (b1, and ic11 | | | | BETWEEN | MATE INTERVAL DISET AND DEA |
| | PART I. DEATH WAS CAUS | SED BY: ATE CAUSE (a)_ | CARDIOPUL | MONARY ARRE | 51 | | | MINU |
| | | DUE TO | OR AS A CONSPOUENCE OF | | | | 100 | |
| | Conditions, if ony, which | (,b) | OR AS A CONSEQUENCE OF LIVER FA | AILURE | | | | 2WEE |
| | gove rise to immediate | 10/- | | | | | 100 | |
| | couse (o), stoting the | | | | | | | |
| couse (a), stating the underlying couse last (b) DUE TO, OR AS A CONSEQUENCE OF METASTATIC BREAST CA | | | | | | | 200 | 1 YR |
| | | 10 | | | | DITION CIVEN | LINI DART 1:- | 1 YR |
| Z | | 10 | METASTAT | | | DITION GIVEN | IN PART 110 | |
| ATION | PART 2 OTHER SIGNIFICANT | CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | INAL DISEASE OR CON | | | |
| FICATION | | CONDITIONS | | T NOT RELATED TO THE TERM | 100 AUTOPSY? | 20b IF YES, N | WERE FINDIN | GS USED OF DEATH? |
| RTIFICATION | PART 2 OTHER SIGNIFICANT | CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO | 20b IF YES, N IN CERTIFYI YES | WERE FINDIN NG CAUSES | IGS USED |
| CERTIFICATION | PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURE | 200 AUTOPSY? YES NO | 20b IF YES, N IN CERTIFYI YES | WERE FINDIN NG CAUSES | GS USED OF DEATH? |
| | PART 2 OTHER SIGNIFICANT | 19b. CON | CONTRIBUTING TO DEATH BU DITION FOR WHICH OPERATION OF INJURY | T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURE | 200 AUTOPSY? YES NO | 20b IF YES, N IN CERTIFYI YES | WERE FINDIN NG CAUSES | GS USED OF DEATH? |
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completely filled in by the 1 and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked at them to see any injury, at other troumatic event, the medical

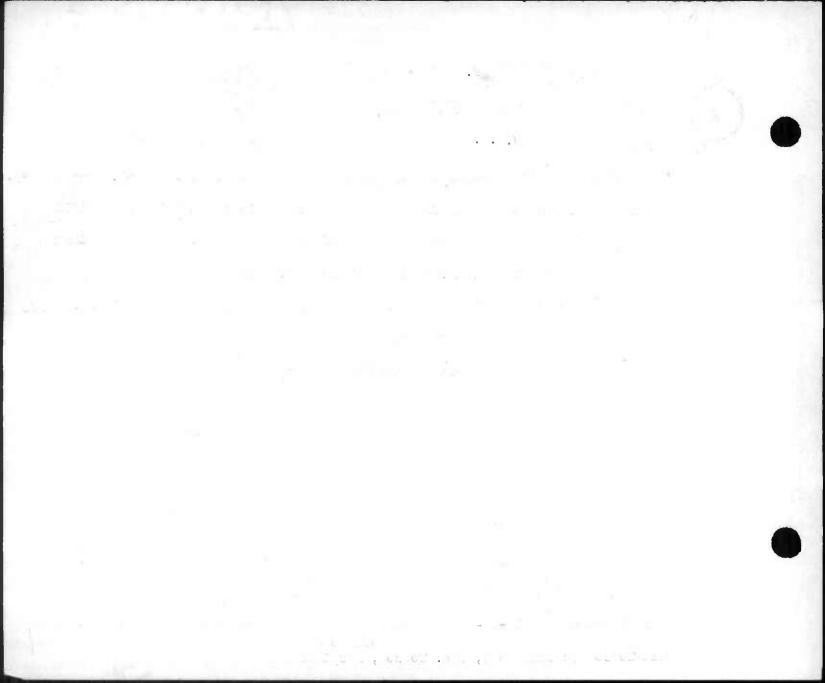
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DEPARTMENT OF HEALTH AND MENTAL HYDIENE

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| 1 - S | 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYDIENE*: CERTIFICATE OF DEATH REG. NO. DEFEASED NAME REG. NO. DEFEASED NAME REG. NO. DEFEASED NAME REG. NO. DEFEASED NAME REG. NO. | | | | | | | | |
|---------------------|---|---------------------------------|--|---------------------------------------|--|--|--|--|--|
| I. DECE (TYPE OF | Robert | BERT | P. P. S. DATE | WARR OF BIRTH | 2a DATE OF DEATH MONTH OCTOBER 15, 6 AGE (IN YEARS LAST BIRTHDAY) | DAY YEAR 75 HOUR 1984 4 A M H-UNDER I YEAR IF-UNDER 74 HRS | | | |
| 7o. BIRT | MALE HPLACE (STATE OR FOREIGN 76 JATES) | | HAT COUNTRY? | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | | |
| Ma: | ryland OR TOWN OF DEATH Towson | | WIDOW OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) | DIVORCED OR OTHER INSTITUTION | Battimore 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | | | | |
| USUAL 13a. ST | RESIDENCE (IF NURSING HOME OR OI ATE 136 COUNTY ryland Balti | HER INSTITUTION, G | | 13d. INSIDE CITY LIMITS? YES NO K | Asst. V.P. 13e.STREET ADDRESS / ZIP COD 13819 Ansari I | | | | |
| Ed. | HER'S NAME FIRST MI Ward | DDLE | Warr | 15. MOTHER'S MAIDEN NAME FIRST Delma | R. | Pennington | | | |
| | S DECEASED EVER IN U.S. ARMI , NO OR UNKNOWN) (IF YES, GIVE V | | 216-20-5215 | Victoria T. | Warr - Same as | ‡13e | | | |
| | R CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which | CAUSE (o) | Peute Megra AS A CONSEQUENCE OF | rail Inface | f- | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TITLE OF THE OFFICE OFFICE | | | |
| F | gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR | AS A CONSEQUENCE OF | TNOT RELATED TO THE TERM | JULIAN C. | VEN IN PART I I II | | | |
| CERTIFICATION | Date of Operation | 196 CONDIT | ION FOR WHICH OPERATION | ON WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{c ccccccccccccccccccccccccccccccccccc | | | |
| | 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF HOUR A.M P.M | MONTH DAY YEAR | | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART ?) | | | |
| , We | MILE NOT WHILE TWORK AT WORK | | ET. FACTORY, OFFICE, FARM ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | |
| | 20.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did pat) 12b. SIGNATURE | 101 | 19 04 | and that in (my) (abc) opinion DEGREE | death occurred on the date and ha | , 19, that (I) (we) last out and from the causes stated | | | |
| 2 | 2d. PHYSICIAN'S NAME (MP) ORF | RINT) | <u>//</u> | ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 10/15/04 | | | |
| 23a. BU | RIAL, CREMATION, REMOVAL | 23b. DATE 10-18 | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | timore, Maryland | | | |
| 24 FUN | FERAL DIRECTOR CK Towson Funer | | 1050 Y | ork Road 25a DAT | E REC'D. BY REGISTRAR 25b. REGIST 1 6 1984 | | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 0

| - | I. DEC | REGISTRAR CEASED NAME | FIRST | | MIDDLE | | AST | REG. No. | MONTH | DAY YEAR | 26 HOUR |
|---------------|---|--|--|--|--|--|--|--|-------------------|--|--|
| | (TYPE | ORPRINT | David | A1 | exand | er Wa | rren | October | 6, | 1984 | 4:45 |
| | 3. SE) | x | 1 - 12- | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY | IF UNDER 1 YEAR | IF UNDER 24 HE |
| , , | 1 | Male | 6 E74 | Whi | te | Oct | ober 26, 1 921 | 62 | YRS | | HOURS MI |
| 4 | 7a. BII | RTHPLACE (STATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUN | JTRY? 8. | NEVER MARRIED | 9 BALTIMORE CITY C | R COUN | ITY OF DEATH | |
| 10 | Massachusetts III. CITY OR TOWN OF DEATH | | USA | | WIDOWE | | Baltimore, County, | | | The state of | |
| AA | | | ATH | (IF NOT IN SU | CH FACILITY, GIVE | STREET ADDRESS) | OR OTHER INSTITUTION | 120. USUAL OCCUPATION OF COMMON CONTROL OF WORK FOR MOST COMMON C | F WORKING | GUFEL INDUSTRY | F BUSINESS |
| 14 | Timonium, USUAL RESIDENCE (IF NURSING HOME OF | | | | 105 Belfast Road | | | Director of and Regist | of Re | ecords | Educat |
| 46 | 139 S | aryland | 13h COUN | imore | 13c. CITY OR | NWOT | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS | 1 D | - 1 //21/ | 202 |
| | | ATHER'S NAME | Dare | 111101 6 | Timo | nium | YES NO X | 105 Belfas | tRo | ad, #210 | 193 |
| \mathcal{U} | | Harry | | dward | LAS | rren | FIRST | MIDDLE | | (AS | T |
| - | | VAS DECEASED EVER | | | | SECURITY NO. | Lida 17 INFORMANT | Paulir | | imonium | uson |
| | () | YES NO OR UNKNOWN) | | WAR OR DATES | 090-1 | 8-7597 | Mrs. Monica | a B Warre | | | |
| | | 18 CAUSE OF DEAT | | | | | TWITE: WIGHTER | B. Walle | LILO A | | MATE INTERVAL |
| | | PART I. DEATH V | WAS CAUSE | D BY: | 4 | 1 | e Concer | | | 1 | 7 mas |
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or 11 mm 18 the conjugity, or other troumotic event, the

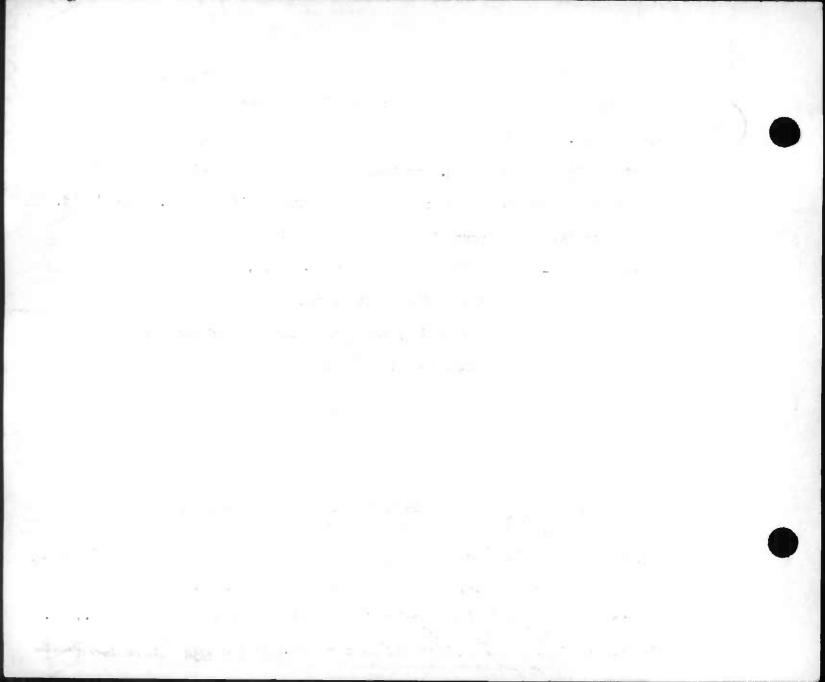
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| l | 1 - | FOR STATE REGISTRAR | | | HEALTH AND MENTAL HY IFICATE OF DEATH | GIENE 2 6 REG. NO. | 6 2 | 1 | |
|--------------|-----------------|---|--|---|--|---|------------------------|------------------------------------|--|
| Ì | | EASED NAME FIRST | MIDDLE | | TAST | 20 DATE OF DEATH MONTH | DAY YEAR | 2h HOUR | |
| ı | (TYPE (| Cathe | rine WEBB | | | October 16, 1 | 984 | 12:35a M | |
| 3 SEX Female | | | 4 RACE White | | OF BIRTH 1936 YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN. | |
| | | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHA | T COUNTRY? 8 MARR WIDOV | IED NEVER MARRIED DIVORCED D | 9 BALTIMORE CITY OR COU Baltimore Cou | JNTY OF DEATH | MD. | |
| | | vortown of death sville 21237 | | TAL, NURSING HOME LAY, GIVE STREET ADDRESS ON HOSPICE | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPENS WORK FOR MOST OF WORK) HOUSEWIIE | | OF BUSINESS OR | |
| | USUA 13a. S1 | L RESIDENCE (IF NURSING HOME O TATE 136. COU Maryland Ba | nother institution give restriction of the last time restriction of the la | ESIDENCE BEFORE ADMISSION CITY OR TOWN L'SSEX | YES NO | 136.STREET ADDRESS SZIP (| George's | Rd. 2122 | |
| | 14. FA1 | THER'S NAME FIRST William | Benv | engi | 15. MOTHER'S MAIDEN NA | · · · = | IA | ST | |
| | 16a W | AS DECEASED EVER IN U.S. AF | RMED FORCES? 166 : VE WAR OR DATES) 21 | 30 2759 | | bb, Husband | Same | | |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI | nly one couse per line f ED BY: Car TE CAUSE (o) | or (o), (b), and (c).1 dio Pulmon | ary Arrest | | APPROX BETWEEN | KMATE INTERVAL LONSET AND DEATH | |
| | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IS | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION | FOR WHICH OPERATI | ON WAS PERFORMED | 200 AUTOPSY? 200. IF YES, WERE FINDINGS U YES NO Y YES NO Y | | | |
| 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. | URY MONTH DAY YEAR 19 | R | RED (ENTER NATURE OF INJURY IN ITE | m 18 PART I OR PART 2) | | |
| I | WE | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | ACTORY OFFICE FARM ETC.) | 211 LOCATION STREET | CITY OF TOWN | COUNTY | STATE | |
| | | 22a.1 certify that (4) (this hasp sow the deceased alive or above, (4 (we) (did) (did m | Uctoper 1 | .0 19.84 | | deoth occurred on the date onc | d hour and from the | | |
| | | Stepher | 10/ | 114/84 | | | | | |
| | | Stephen Hi | ckey, M.D. | | | in Sq. Dr., 212 | | | |
| - | 15 | URIAL, CREMATION, REMOVAI BURIAL | 236 DATE 10/18/8 | 4 Holly | CEMETERY OR CREMATORY Hill Memorial | Gardens Town Balt | imore Co. | , Masiate | |
| | and the same of | izdžinski Funer | al Home PA | 1407 Old | Eastern Ave.0 | TE REC'D. BY REGISTRAR 256 RE | GISTRAR'S SIGNA | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal. WAPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical examiner mustbe politified of one. |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| L | FOR STATE | DEPAR | TMENT OF HEALTH AND MENTAL H | ÝGIENE 🚣 O O | die de | | | | |
|-----|--|--|-----------------------------------|--|---|--|--|--|--|
| L | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | | | | | |
| | DECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR TO | | | | |
| L | MAUD | E R. | WELLS | 10-1 | 2-84 6:54 | | | | |
| 3 | SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | | |
| | FEMALE | CAUCASIAN | 7 18 10 | 74 YRS. | MONTHS DATS HOURS MIN. | | | | |
| 7 | O. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | | 9. BALTIMORE CITY OR COUNTY | OFDEATH | | | | |
| 1 | BALTO MD. | u.s. | MARRIED WEVER MARRIED | BAITO. Co | UNTY MD. | | | | |
| i | O. CITY OR TOWN OF DEATH | | SING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION | 126. KIND OF BUSINESS OR | | | | |
| Ŀ | TOWSON, MD. | Pickers 91L | L. INCICHESTNUTA | VE SALES CLERK | RETAIL SALES | | | | |
| 111 | JSUAL RESIDENCE (IF NURSING HOME O | NTY 13c. CITY OR TO | | 130. STREET ADDRESS | | | | | |
| 1. | BALTO. BAL | To. Parkvi | LLE YES NOX | 2901 ChESLE | Y AVE, 21234 | | | | |
| | 4. FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | NAME | / | | | | |
| | JAMES | - WELL | S Jr. Martha | SVLVINE | DOXEN | | | | |
| 1 | 68 WAS DECEASED EVER IN U.S. AF | | CURITY NO. 17 INFORMANT | ADDRESS | | | | | |
| L | (YES, NO OR UNKNOWN) (IF YES, GI | 2/3-10- | 1162 Denise H | MAR. 9510 HA | in Hill Cit. | | | | |
| Γ | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (a), (b), | and ic | 0 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| 1 | PART I. DEATH WAS CAUSI | TE CAUSE (o) | Hypostatu Tre | money | week | | | | |
| | | DUE TO, OR AS A CONSEC | DUENCE OF C | (11 11 11) | 1. | | | | |
| | Conditions, if any, which | 1 M. I. M. I. M. I. | | | | | | | |
| | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEG | DUENCE OF | | | | | | |
| 1 | underlying couse lost. | underlying couse lost. | | | | | | | |
| | | CONDITIONS CONTRIBUTING T | O DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION GIV | EN IN PART 110 | | | | |
| | 0 | | | | | | | | |
| 7 | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [| 196 CONDITION FOR WHIC | CH OPERATION WAS PERFORMED | | S, WERE FINDINGS USED FYING CAUSES OF DEATH? | | | | |
| 1 | | | | | S NO | | | | |
| | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH | MAY YEAR 216 HOW INJURY OCCU | JRRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | | | | |
| | OR CONTRIBUTING CAUSE OF DE | 7111 | 19 | | | | | | |
| ı | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 210. PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE | | | | |
| L | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFIC | E. FARM ETC. | CH OK TOWN | 37772 | | | | |
| I | 220 I certify that (I) (III) hosp | pital) attended the deceased from | n_6.82 | | 1984, that (I) (well last | | | | |
| ı | sow the deceased alive at | n 10.10 \ at) view the bady after death. | , and that in (my) (com opinio | an death accurred on the date and have | or and from the causes stated | | | | |
| ı | 226. SIGNATURE | 1 May M | DEGREE | TOTAL RESIDENCE | 22t. DATE SIGNED | | | | |
| ı | Ke | the His Cu | CLLY ATTENDING PHYSICIAN | MEDICAL STAFF | | | | | |
| 1 | 224 PHYSICIAN'S NAME (TYPE | OR PRINT[| 220 ADDRESS (7) | 116. h. 1-1 | 10-110 | | | | |
| | KANT | AMALEM | 1818. AST. | Spring Sel | 702093 | | | | |
| 2 | 230. BURIAL, CREMATION, REMOVA | 1 23b DATE 23 | NAME OF CEMETERY OR CREMATOR | Y 23d LOCATION | COUNTY STATE | | | | |
| | Removal | 10/12/84 | | | A OO | | | | |
| 100 | | | | | | | | | |
| 2 | 4 FUNERAL DIRECTOR | ADDRESS | | ATE REC'D. BY REGISTRAR 256 REGIS | | | | | |

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| () | 1 | 11- | FOR STATE REGISTRAR | | ME | DEPARTMENT OF | HEALTI | MARYLAND H AND MENTAL,H CERTIFICATE O | YGIENE 2 | 6 6 REG. NO | 2 | 9 | |
|---|---|---------------|--|--|--------------------|---|-----------------|---|--------------------|----------------|----------------|------------------------------------|-------------|
| | Bat. | | CEASED NAME E OR PRINT) | FIRST | | F. | | LAST | Or | E KNOWN SESTI- | | DAY YEAR | 26 HOUR |
| Y, PLEAS UR FILE | E SE | 3. SEX | | CE 5. | DATE OF BIRTH | YEAR 6. AGE (IN) | DAY) MON | WELSH, JR. NDER 1 YR. IF UNDER THS DAYS HOURS | | ITE UNCED | 10 MONTH | 2 19 84 DAY YEAR | |
| NERAL D | OESTO S | /s. BI | RTHPLACE (STATE OF | 7 Б | CITIZEN OF W | HAT COUNTRY? | 8. MARE | RIED NEVER MARRI | ED D 9 BALT | IMORE CITY O | _ | | 1 Dw |
| ELAY IS N TO THE PU PAGE 5 | 800 | 10 CI | TY OR TOWN OF DI | | old Phil | SPITAL, NURSING HOA CILITY, GIVE STREET ADDRESS adelphia RO | AE, OR OTH | | 12e. USUAL OCC | ORKING LIFE | | | rass |
| F ANY D AND 3 RETAIN | 33 | M M | d. | 13b COUNTY Harfo | | 130 CITY OR TOWN Fallsto | , | YES NO 🔀 | | Aintre | | | llstc |
| DEATH GES 1, 2 M PM 3 | 121 | W | alter F. | . Welsh | | LAST | | | Ponkow | | 21 | . 0 4 ₁ 7 _{s1} | |
| S AFTER GIVE PA | VISION | (YI | VAS DECEASED EVE ES. NO, OR UNKNOWN) Yes | (IF YES, GIVE WAR | OR DATES) | 16b SOCIAL SECUR 215-12-1 | | Mary Ani | n Welsh | ADDRESS . same | add | | |
| CUTED WITHIN 24 HOUR | ED AS A BURIAL- IKANSII PERMII. HEALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. | 7 | PART I DEATH Canditians, if gave rise to couse (a) statil lying cause las | MAS CAUSED BY IMMEDIATE C any, which immediate ing the under- st. | (c) | for (a), (b), and (c).) Multiple AS A CONSEQUENCE AS A CONSEQUENCE | OF | | | | | APPROXIMA BETWEEN ONS | TE INTERVAL |
| RECORDS, | AS A BU ALTH AN CREMAT | NO | | | TRIRUTING TO DEATH | RUT NOT RELATED TO THE TE | IMINAL OISEA | SE OR CONDITION GIVEN IN PAI | RT 1 (o: | | | | |
| SHOULD ORD | BURIAL BURIAL | CERTIFICATION | 196 DATE OF OPE | | | TION FOR WHICH OPE | RATION V | VAS PERFORMED? | | | | 20 AUTOPSY | (? NO □ |
| PATE S | DEPARTMENT OF H | | 216 EXTERNAL CA UNDERLYING CONTRIBUTING | OR CAUSE OF DEA | TH 3 P.N | XMONTH DAY YEAR 10-2- 19 | 84 Dr | iver in aut | | | | | |
| PIVISI THIS CERT TE, WRITING RWARDED | STATE DEP. | MEDICAL | | WORK X | STREET, FAC | OF INJURY (AT HOME, TORY, FARM, ETC.) | 01 | d Philadelp | r Rd | Essex, | | Balto. | Md. |
| KAMINER ERTIFICA D BE FO | ART THE | | death resulted Iro | | | Accident X, S | Autar vicide | 37, C.3, INSPECTION | Undetermined | | d in my apii | nian | |
| MEDICAL E. UTE THE CI | ER DEATH, I | / | ACTUAL SIGNATURE | Ann M. | Dixon. | M.D. | ^ | A.D. Assistant | MEDICALEX Penn St. | | DATE SIGNED | | |

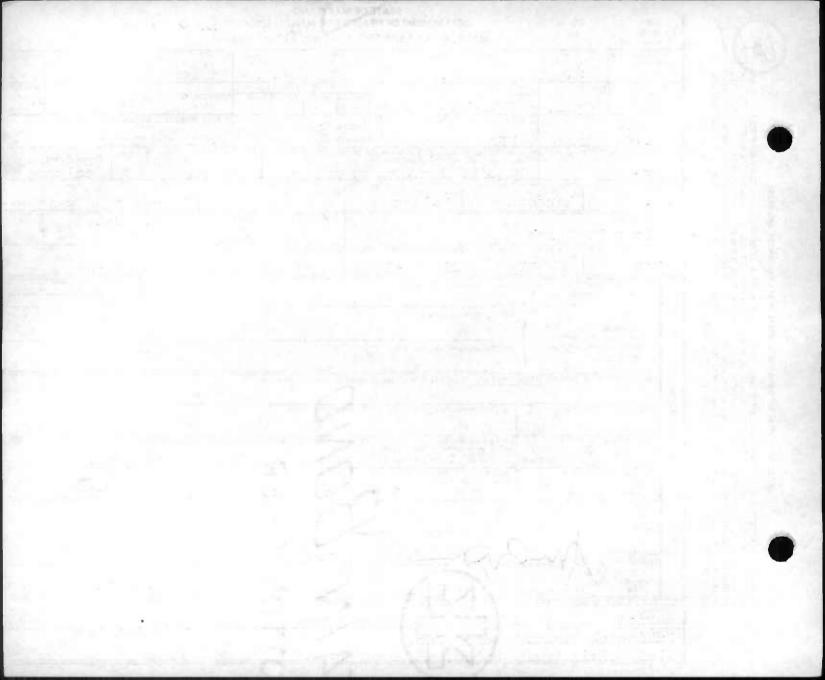
230.BURIAL, CREMATION, REMOVAL 23b. DATE
Burial 10, 23d LOCATION Highview Cemetery Fallston Md 256. DATE REC'D. BY REGISTRAR'S SIGNATURE 10/6/84 25 Chimunek Funeral Home, Inc. 1984 9705 Belair Road, Balto, Md 21236

DHMH - 17

(VR A15 ME (5))

20M 4/B2

23c. NAME OF CEMETERY OR CREMATORY



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after during the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

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injury, or ather traumotic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws any

within 24 hours after death. Page 4 may be

STATE OF MARYLAND

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| 1- | STATE REGISTRAR | | | DEPARIM | | ICATE OF D | | IBNE | REG. NO | 10 | | | |
|---------------|--|---------------------|------------------------|--|-------------------|-----------------------|--------------------|-----------------------|-----------------|------------|---------------|---------|---|
| | CEASED NAME | FIRST | A | MIDDLE | L. | AST | | 2a. DATE OF | | AONTH | DAY YEAR | 2b. F | HOUR |
| (TYPE | Jar | nes | L | N | We | essel | | | 1 | 0 - | 11-84 | 12 | 200p |
| J. SE | Х | 4. F | RACE | .10 | 5. DATE C | | | 6 AGE INY | EARS LAST BIRTH | IDAYI | IF UNDER I YE | _ | NDER 24 HRS |
| | male | | W | hite | MONTH 10 | DAY O6 | O6 | | 78 | YRS. | MONTHS DA | S HOL | JRS MIN. |
| | RTHPLACE I STATE OR FO | OREIGN 76. | US | WHAT COUNTRY? | MARRIEI WIDOWE | D NEVER M | ARRIED | | RECITY OF | • | Y OF DEATH | -4 | MD |
| 10 C | 75T POINT | | | HOSPITAL, NURSIN HEACILITY, GIVE STREET | | | PME | 128. USUAL (| | | | | SINESS OR |
| | AL RESIDENCE IN NURSI | 13b. COUNTY | TO | 13c. CITY OR TOWN | | 13d INSIDE CI YES | NO (1) | 13e STREET A | VIRG | ZIP COD | A | 15 | -/ |
| 14. FA | ATHER'S NAME FIRST | MIDE | U I | VK LAST | | | MAIDEN NA/ | UN, | MIDDLE | | · | LAST | |
| | VAS DECEASED EVER YES, NO OR UNKNOWN) | IN U.S. ARMEI | | 166 SOCIAL SECU | | SANO, | RA ST | TREU | ADDRES | | DXWOO | 36 | LN: |
| | Conditions, if ony, gove rise to imm couse (0), stating underlying couse | which nediate g the | DUE TO, OI | R AS A CONSEQUE | ll ce | ll ca | w Cla | rali | Des Des | lory | 20 | leor | o |
| NO | PART 2 OTHER SIGN | IFICANT COM | | ONTRIBUTING TO D | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASI | E OR COND | ITION GI | VEN IN PART | 110 | |
| CERTIFICATION | 198. DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFOI | RMED | 20s AUTO | PSY? | IN CERT | S, WERE FIN | ES OF D | |
| | 218. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH DA | Y YEAR | 21c. HOW IN | JURY OCCURR | ED (ENTER NA | TURE OF INJURY | IN ITEM T8 | PART LOR PART | ?) | |
| MEDICAL | 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR | HE [| 21e. PLACE (| OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC) | 21f LOCATIO STREET | N , | | CITY OR TOW | /N | COUNTY | | STATE |
| | 220.1 certify that (1) sow the decease above (1)(we) (d | ed olive on | 10- | 198 | 4 / or | -//- | 1984 | , to death occurre | d on the do | e ond ho | ur and from t | (| (l) (we) l ost es stated |
| | 276 SIGNALINY | Rel | thet | Zm | 2 | | TTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFI | | 22c DA | TE SIGN | -84 |

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etained by the haspital or ottending physicion. TO HOSPITAL OR ATTENDING PHYSICIAN: The

24 FUNERAL DIRECTOR J.B. CONNELLY (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL

23b DATE 13/84

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN

MD. STATE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DOCT 1 7 1984

DHMH - 16 50M 4/83

PH. 159 11-100 121785 THE PERSON THAT THE PROPERTY WHEN THE STREET STREET, STREET STREET, STRE The thirty of a to the thirty to the thirty and the said the said on the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

executed within

FOR 1 - STATE

tar, page 3 after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SYGIENE CERTIFICATE OF DEATH

| P | 1 | 1 | 10.00 | |
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| 2 | 0 | 0 | 3 | |
| | | | | |

| | | REGISTRAR | | | | CERTII | ICATE OF DEATH | | REG. NO | | | | |
|----|---------------|--|------------------|------------------|---|--------------|-----------------------------|---------------|-----------------------------|------------|------------------|----------------|----------|
| | | CEASED NAME | FIRST | ٨ | AIDDLE | L | AST | 20. DATE C | OF DEATH A | AONTH | DAY YEAR | 2b HOUR | 5 |
| 9 | TYPE | Ca | therin | ie | | WE | THEREILL | | ober 16 | | | 8:20 | DP M |
| | 3 SEX | X | 4 | RACE | | 5. DATE C | | 6 AGE (IN | YEARS LAST BIRTH | IDAY) | MONTHS DAY | | - |
| | | 5 | | N | | MONTH | 38/11 YEAR | 7 | , 2 | YRS. | | SHOURS | MIN |
| 6 | | IRTHPLACE (STATE ORE | FOREIGN 7 | CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9. BALTIM | ORE CITY OF | COUNTY | Y OF DEATH | | |
| 7 | | N.Y. | | US | A | WIDOWE | DIVORCED | Bal | ltimore | | | | MD. |
| 1 | 10 CI | ITY OR TOWN OF DEA | ATH 1 | | OSPITAL, NURSIN HEACILITY, GIVE STREET | | OR OTHER INSTITUTION | | L OCCUPATION OF FOR MOST OF | | | OF BUSINES | SS OR |
| / | K | 055V1LL | E | FRA | NKLIN | ک | R. | Ho | SWR | | | | |
| А | | AL RESIDENCE (IF NURS | 13b. COUNT | | 130 CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13e.STREET | ADDRESS / | ZIP COD | ٤ ک | - 12-2- | 1 |
| 1 | | MD. | BA | LTO | ESSEX | | YES NO | 60. | 2 MG | +RYL | AND | AVE | E. |
| 1 | 14 FA | ATHER'S NAME | | IDDIE | 1167 | | 15 MOTHER'S MAIDEN N | AME | ALIEDUS. | | | | |
| 1 | 100 | 5 EORE | JE " | TA | YLOR | | EVA | 57 | BINL | 5 H F | 2M | LAST | 1513 |
| / | | WAS DECEASED EVER YES, NO OR UNKNOWN) | | WAR OR DATES | 166 SOCIAL SECU | | 17. INFORMANT | | ADDRES | S | | | |
| | ,, | NO | (*, 0 | | 1350 | 7 1053 | GEOR 54 | TA | 14101 | (| | ADO | VE |
| | | 18 CAUSE OF DEAT | H (Enter only | one couse per | line for (a), (b), an | id (cs.) | | | | | BETWEE | OXIMATE INTERV | VAL |
| | | PART I. DEATH W | /AS CALISED | RY. | | | A | | | | | | |
| | | | IMMEDIATE | | | | y Arrest, Se | DSIS | -//- | X | | 1111 | |
| ч | | | | | AS A CONSEQU | | | | | | | | |
| | | Conditions, if any, gave rise to imm | | (b) | neumonia | | | | | | | | |
| | | cause (a), statir underlying cause | | DUE TO, OF | AS A CONSEOU | ENCE OF | | | | | | | |
| | | | | (c) | | | | | | | | | |
| | N | PART 2. OTHER SIGN | NIFICANT CO | | Senile De | | NOT RELATED TO THE TER | MINAL DISEA | SE OR COND | ITION GIV | VEN IN PART | 110 | |
| | CERTIFICATION | 19g DATE OF OPERA | TION | | of the sea sea man but . | war at a sel | N WAS PERFORMED | 20a AUT | OPSY? | 20h JE YE | S. WERE FINE | DINGS LISED | |
| 7 | FIC | , DATE OF OTERA | 11011 | The Condi | HOITTOK WITHEI | OTERATIO | TO THE OWNER | | | IN CERTI | IFYING CAUS | ES OF DEATH | H? |
| 2. | RT | | | *** ***** | F 10 10 10 10 10 10 10 10 10 10 10 10 10 | | In How him to con- | YES | NO | | ES 🗌 | NO 🗌 | |
| 2 | | 21a. ACCIDENT WAS UNI | | HOUR A. | | AY YEAR | 21¢ HOW INJURY OCCU | IRRED (ENTER | HATURE OF INJURY | IN ITEM 18 | PART 1 OR PART 2 | | |
| 7 | CAL | LIF EITHER, NOTIFY MEDI | | P./ | M. | 19 | | 100 | | 1.34 | Table 1 | | |
| | MEDICAL | 214 INJURY OCCUR | RED | 21e. PLACE (| OF INJURY EET, FACTORY, OFFICE, I | CADAL ETC I | 211 LOCATION | | CITY OR TOW | /N | COUNTY | 51 | TATE |
| | 2 | WHILE NOT WE | HILE D | (A) HOME, SIK | ELI, FACIONI, OFFICE, I | ARM, ETC.) | | | | | | | |
| | | 22a I certify that | this hospite | al) attended the | deceosed from_ | Octo | ber 8 19.84 | to Oc | toher | 16 | 19 94 | , that NKIW | ve) last |
| | | saw the deceas | ed alive an_ | Octobe | r 16_19_ | 84 | nd that in (A) (our) opinia | n death occur | red on the do | te and hou | ur and from the | he couses sta | ted |
| | 100 | abave, (Nwe) (c | did) (Fig. (194) | view the body | atter death | | DEGREE | | | | | TE SIGNED | |
| Н | | 77.1 | 11. | 1-00 | | | ATTENDING | MEDICAL | | | | | |
| | 100 | 224 PHYSICIAN'S N | AME was on | 4600/ | | | PHYSICIAN 22e. ADDRESS | DIRECTO | R PHYSICI | AN [] | | | |
| | | | | | | | | | | | | | |
| | | Richard | d Habe | r, MD | | | 9000 Frank | | | 2 | 1237 | | |
| | 23a. E | BURIAL, CREMATION, | REMOVAL | 23b. DATE | | | EMETERY OR CREMATORY | CI | CATION | | COUNTY | 51 | ATE |
| | RE | MEVAL - BI | URIDL | 10/2 | 184 E | AST | RIDGELAWA | V . | BALT | 0. | ml | > | |
| | | UNERAL DIRECTOR | | | | | 25a D | ATE REC'D. BY | REGISTRAR | Sb. REGIS | TRAR'S SIGN | ATURE | |

DHMH - 16 50M 4/83 (VRA 15, 4)

In the most of the most of the most of the most on the most of the TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, or removal.

| 192:0 | | DWHEELS. | | |
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| | and September 1 | | LUSAL | 3.4 |
| | | | | REJSKILLEE ! |
| 100 000 | MARCH TON 14 | | Sea One | Me B |
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| 100 | STATE OF | ne rational Trees | 3 48/601 | 44m47/1c - E - R.R.L |
| | a last | THE PROPERTY | UNIV SEA | DE COLUMN |

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be

| 11- | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTACH CERTIFICATE OF DEATH | YGHNE 2 6 6 3 2 |
|---------------|--|--|---|--|
| | EASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH DAY YEAR 26. HOU |
| (TIPE C | Elsie | Madeline WHEELE | R | October 9, 1984 4:50 |
| 3. SEX | | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS |
| F | MALS | WHITE | APRIL 11, 1902 | 82 YRS. |
| | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| | ARYLAND | U.S.A. | WIDOWED DIVORCED [| Baltimore County |
| | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | TADDRESS) | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |
| USUA | RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION GIVE RESIDENCE BEFO | RE ADMISSION) | 21 |
| 130. ST | RYLADO BOL | Times Packed | VN 13d, INSIDE CITY LIMITS? | - 130 STREET ADDRESS / ZIP CODE |
| 14. FA1 | HER'S NAME | THE WISH HIVE | 15. MOTHER'S MAIDEN | NAME |
| 1 | TOSS PH | Rlim! | OF DAISS | 4 MIDDLE CLAST |
| 160 W | AS DECEASED EVER IN U.S. AF | | URITY NO. 17 INFORMANT | ADDRESS |
| (YE | S, NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES) | 4139 FAM | 14 RECORDS |
| 1 | 1 - | nly one cause per line far (a), (b), a | | APPROXIMATE INTEL BETWEEN ONSET AND |
| 1 1 | PART I. DEATH WAS CAUS | Candiana (18 da | spiratory Failure | |
| | IMMEDIA | | | |
| | Conditions if you which | DUE TO, OR AS A CONSEQUENCE CONGEST I | ve Heart Failure/ | Renal Insufficiency |
| | Conditions, if any, which gave rise to immediate | | | Nema 2 Trouve To Tena |
| | cause (a), stating the underlying cause last. | Diahotos | Mellitus/Myocard | ial Infarction |
| | PART 2 OTHER SIGNIFICANT | | | RMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| | TACT E. OTTER STOTAL CANA | CONTROL CONTROL CONTROL | | |
| 1 ¥ | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT |
| E | | | | YES NO X YES NO |
| CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211. LOCATION | CITY OR TOWN COUNTY |
| ¥ | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFFICE | FARM ETC) SINEET | (III ok town |
| 1 1 | 22a. L certify that (%) (this has | oital) attended the deceased from | September 7 1984 | |
| | saw the deceased alive o | n October 9 19. | 84 , and that in (my) (aur) opini | on death occurred on the date and hour and from the causes st |
| | 22b/STGNATURE | et) view the body after death. | DEGREE | 22c DATE SIGNED |
| U | 12 29 1 | hom > | ATTENDING PHYSICIAN | |
| 1 | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | DIRECTOR THIS CLAYES |
| | Robert E. Mo | | 9000 Frank | lin Sq. Dr., 21237 |
| | | | NAME OF CEMETERY OR CREMATOL | |
| 02 - | URIAL, CREMATION, REMOVA | L 236. DATE 23c | INAME OF CEMETERT OR CREMATOL | ZITY OR TOWN COUNTY |
| | SPECIFY) ~ | 1- 12 10011 6 | Jack | The Contract of the Contract o |
| B | | 10-12-1984 8 | ARKWOOD ISMS | TEM PARKYLLE BALTO MARY DATE REC'D. BY REGISTRAR'S SIGNATURE |

DHMH - 16 50M 4/B3

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(VRA 15, 4)

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etained by the hospital or attending physician.



requires that the death certificate be executed within

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

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funeral director, page 3 thin 72 hours ofter death

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARLY GIENE

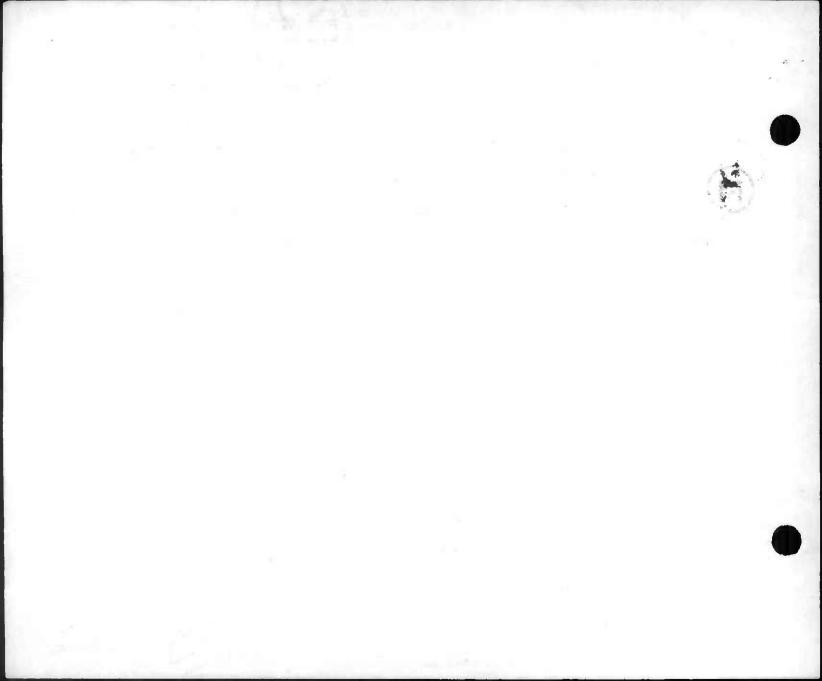
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| Female Black O3 9 16 BRITHHOLE (STATE OR FOREIGN COUNTRY) Blick Black O3 9 16 BRALTIMORE CITY OR COUNTRY OF DE MARRIED NEVER MARRIED MONTH MONTH MONTH MONTH DAY VEAR O3 9 16 BRALTIMORE CITY OR COUNTRY OF DE MARRIED NEVER MARRIED Balto County COUNTY Balto County IT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GRE STREET ADDRESS) Randallstown Balto CO OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JACOL RESIDENCE IF NURSING HOME OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | DAYS HOURS MIN |
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| SEX Female Black 03916 6. AGE (IN YEARS LAST BIRTHDAY) Black 03916 6. AGE (IN YEARS LAST BIRTHDAY) Black O3916 6. AGE (IN YEARS LAST BIRTHDAY) Black O3916 6. AGE (IN YEARS LAST BIRTHDAY) Black O3916 6. AGE (IN YEARS LAST BIRTHDAY) Black O3PROJECT FOR COUNTY OF DE MARRIED DIVORCED Balto. County Balto. County IT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, OR STREET ADDRESS) Randallstown Balto. County Table Divorced Table Divorced Balto. County Table Divorced Table Divorced Table Divorced Table Divorced Table Divorced Table Divorced Table Divorced Table Divorced Table Divorced Table Divorced | R I YEAR IF UNDER 24 HR DAYS HOURS MIN |
| Female Black 03 9 16 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER Black Black O3 9 16 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER MONTHS 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER MONTHS FOR THE MONTHS FOR THE MONTHS FOR THE MONTHS FUNDER Black O3 9 16 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER MONTHS FOR THE MONTHS FOR THE MONTHS FUNDER FOR THE MONTHS FOR | R I YEAR IF UNDER 24 HR DAYS HOURS MIN |
| Female Black 03 9 16 BRITHPLACE (STATE OR FOREIGN COUNTRY) SOUTH Carolina USA WIDOWED DIVORCED Balto County COUNTY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown Balto CO. CO. General Hospital JABOAL RESIDENCE IF NURSING HOME OTHER INSTITUTION (GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STREET ADDRESS / ZIP CODE | ATH KIND OF BUSINESS C |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) BOILT CAROLINA COUNTRY) COUNTRY C | KIND OF BUSINESS C |
| MARRIED NEVER MARRIED 1 SOITH Carolina USA WIDOWED DIVORCED Balto County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 179 FOR WORK FOR MOST OF WORK FOR M | KIND OF BUSINESS C |
| TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown Balto CO General Hospital JOBAL RESIDENCE IP NURSING HOME OF HOSPITAL (GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE | KIND OF BUSINESS C |
| Randallstown Balto CO. General Hospital JOUAL RESIDENCE IN MURSING HOME OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE Jab COUNTY Jac. CITY OR TOWN JAB INSIDE CITY LIMITS? Jac. STREET ADDRESS / ZIP CODE | |
| JOUAL RESIDENCE IN MURSING HOME OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE | |
| 30. STATE 136. STREET ADDRESS / ZIP CODE | |
| MA POINT YEST NOT 1100 W FOWART | 1st. |
| MO. Ballo. 100 W. Favell | e St. 21 |
| 4. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE | 1241 |
| | muel |
| 6 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | |
| (YES, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) NO King Mack 1108 W. Fayette | St. |
| | APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT |
| PART I. DEATH WAS CAUSED BY: | 21 800 |
| IMMEDIATE CAUSE (0) LUTL (ON TOCKE A CLASSES LUTS SPORTS | a lacy |
| DUE TO, OR AS A CONSEQUENCE OF | |
| Conditions, if ony, which (b) | |
| couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF | |
| onderlying coose tost. | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P | ART No |
| 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE IN CERTIFYING C YES NO YES 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UN | |
| I 190 DATE OF OPERATION I 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE | FINDINGS USED |
| YES NO YES | NO 🗌 |
| 216. ACCIDENT WAS UNDERLYING TO 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR | PART 2) |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (II EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 | |
| 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION | UNIY STATE |
| WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OF TOWN COL | STATE |
| 22a certify that XI (this haspital) attended the deceased from Cel 15 , 19 74 to Cel 20 19 A | that (I) (we) la |
| sow the deceased alive on 1954 36 1954, and that in (ptf) (our) opinion death accurred on the date and hour and fr | |
| obove, M (we) (did) (did not) view the body ofter deoth. | DATE SIGNED |
| | |
| 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF | |
| 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | |
| 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY | |
| 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY | |
| 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY | IV STATE |
| 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciog and c should be detached for use as the burial-transit permit. Then please remove chrban papers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



| | | FOR |
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| 10 | 11- | STA |
| 10 | | REC |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTADHYGFENE CERTIFICATE OF DEATH

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|---|---|---|---|------|
| | | | | - 17 |

| REGISTRAR | | CERTIF | CATE OF DEATH | l RE | G. NO. | | |
|---|------------------------------------|--------------------------|-------------------------|---------------------------|---|-----------------|----------------------------------|
| I. DECEASED NAME FIRST | MIDDLE | ŧ/ | AST | 20 DATE OF DEA | H MONTH , D | AY YEAR | 2h HOUR |
| JOSEDI | h M | Whi | tmire. | | 10/17 | 1/84 | 4 9 Eur 1 |
| 3. SEX | 4 RACE | 5. DATE O | FBIRTH | 6. AGE (IN YEARS LA | ST BIRTHDAY) | FUNDER I YEAR | IF UNDER 24 HRS |
| Male | White | Feb. | 18, 1901 YEAR | 83 | YRS. | ONTHS DAYS | HOURS MIN. |
| MIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COU | NTRY? | MEVER MARRIED | 9 BALTIMORE CI | TY OR COUNTY | OF DEATH | |
| Penn. | USA | WIDOWE | | _ | more | Cour | nty m |
| III CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | E CTREET ADDRESS) | | | PATION NOST OF WORKING LIFE OP Westin | | OF BUSINESS OF |
| Baltimore | MANOT | are v | Ruxton | TOOL Sho | op westir | ignouse | 2 |
| UAL RESIDENCE (IF NURSING HOM 130 STATE Md. | | | 136 INSIDE CITY LIMIT | S? 133SIREE ADDR | ny 6 n Ave. | . 21 | 213 |
| 4. FATHER'S NAME | Mhitmirê | ST . | 15. MOTHER'S MAIDER | N NAME MIDE | ΝE | LAS | 51 |
| WAS DECEASED EVER IN U.S. | | L SECURITY NO. 3-8474 | Mrs. Glor | ia Nichols . | DDRESS 3505 Fran | nkford | Ave. |
| 18 CAUSE OF DEATH (Ente | r only one couse per line for (o), | (b), and (c).) | . 0 | 4 | | APPROX | MATE INTERVAL ONSET AND DEATH |
| PART I. DEATH WAS CAL | DIATE CAUSE (a) | rdiae. | arrette | moc | | | |
| DADACE | | | 11 | 1 1 | 11-0-0 | | |
| Control of the text | DUE TO, OR AS A CON | | A | / 3 / | | | |
| Conditions, if any, which gove rise to immediate | (b) C-() | raestable | near | Same | 2 | | |
| couse (a), stating the | DUE TO, OR AS A CON | QUENCE OF | | Λ | | | |
| underlying cause lost. | (6) | | | U | | | |
| PART 2 OTHER SIGNIFICAN | NT CONDITIONS CONTRIBUTIN | IG TO DEATH BUT | NOT RELATED TO THE | TERMINAL DISEASE OR | CONDITION GIVE | N IN PART 1 | 0 |
| organ | ric Brain | 1 | inc | TERMIN THE BIOCHOC ON | | | |
| 190 DATE OF OPERATION | 196. CONDITION FOR V | 1 | | 20a AUTOPSY? | 1286 IF YES. | WERE FINDIN | NGS LISED |
| E IN DAIL OF OTERAGION | THE CONDITION TOR | WHEN OUR KANO | · WASTEM ORMED | 200 11010101 | IN CERTIFY | ING CAUSES | OF DEATH? |
| | | | | YES NO | | | NO 🗌 |
| 210. ACCIDENT WAS UNDERLYING | 110110 4 14 110117 | H DAY YEAR | 21c. HOW INJURY OC | CURRED (ENTER NATURE O | F INJURY IN ITEM 18 PAI | RT 1 OR PART 2) | |
| OR CONTRIBUTING CAUSE OF | DEATH | 19 | - | | | | |
| 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 17 | 211 LOCATION | | | | |
| WHILE NOT WHILE D | (AT HOME, STREET, FACTORY, | OFFICE FARM, ETC.) | STREET | CITA | ORTOWN | COUNTY | STATE |
| WHILE NOT WHILE AT WORK | , / | A | 1071 | RIA | 1-17/ | 111 | |
| 22a.1 certify that (I) (this | papinal offended the decound | from D. T | 12/1 19 | 19 | 10/10/1 | 907 | that (I) (we) lo |
| sow the deceosed olive | on | 10 87 1 | d that in (my) (our) op | inion death occurred on t | he dote and hour | and from the | couses stated |
| 22h. SIGNATURE | nat) view the body after froth | | DEGREE | | | 22c DAE | SIGNED |
| 228. SIGNATURE | 1 | ANGL | ATTENDI | NG MEDICAL | STAFF | 10/1 | 7/01/ |
| | / Mul | 7/ | PHYSICIA | AN DIRECTOR PH | | 191 | 1184 |
| YWONE TO | WU NGLY | EN | 6331 | Belair | Rd B. | eltin | nd 212 |
| BURIAL, CREMATION, REMO | AL 23b. DATE | 23c. NAME OF C | EMETERY OR CREMAT | ORY 23d LOCATION | | COUNTY | STATE |
| Burial | Oct.20,1984 | Moreland | 7 Mem | Baltim | | COUNTY | Md. |
| 24 FUNERAL DIRECTOR | | 1-101 STAIR | 4 ATCHE | 2011 | | | |
| | | | | DATE REC'D. BY REGIS | RAR 256 REGISTR | AR'S SIGNAT | TURE |
| Techard J Puc | ck Inc. Baltimo | re.Marula | 250 | DATE REC'D. BY REGIS | TRAR 256. REGISTR | | TURE Andell |

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT À HYGIENE CERTIFICATE OF DEATH

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| | CEASED NAME | FIRST | | MIDDLE | | ASI | 20. DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| | | FFi | F | N. | | VILDMAN | 10-4-80 | 7 | 34 |
| 3. SE | X | 11.57.0 | 4 RACE | | 5. DATE O | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DA | |
| | | | V | V | 04 | | ~ 85 vi | RS | |
| | IRTHPLACE (STATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9. BALTIMORE CITY OR COU | INTY OF DEATH | 1 |
| M | TARYLAND | 75.0 | U | ISA | WIDOWE | | BALTIMORE CO | UNTY | |
| 1110 | BALTO. COUN | | (IF NOT IN SU | CHEACILITY, GIVE STREET | ADDRESS) | NERAL HOSP. | 17g USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKE HOMEMAKER | NG INE INDUST | DOF BUSINES RY OUSEWIR |
| 130 | IAL RESIDENCE IF NUR STATE IARY LAND | 113b COUN | | 136. CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP C 9025 Carlisle | ODE Ave. 2 | 1236 |
| 14. F/ | ATHER'S NAME FIRST Ohn | | MIDDLE | Thompson | 1 | IS. MOTHER'S MAIDEN NA | WE | Gat | es |
| | WAS DECEASED EVER (YES, NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES) | 218-20- | | Margaret Sot | h 9025 Carlisl | e Ave. | 21236 |
| | IS CAUSE OF DEAT | H (Enter on | ly one cause pe | r line for (a), (b), and | d (c).) | | | APP BETW | ROXIMATE INTERV |
| | PART I, DEATH V | VAS CAUSE | D BY: | DECD! | RATIO | DUDDIET | | | |
| | Conditions, if any | | | OR AS A CONSEQUE | | RY FAIWS | DE . | | |
| NO | gave rise to im- cause (a), statis underlying cause | , which mediate ng the last. | DUE TO, C | CATON | ENCE OF | RY FAIWS | ELUNG DISE | | Τλα |
| TIFICATION | gave rise to im- cause (a), statis underlying cause | , which mediate ng the e last. | DUE TO, C (b) DUE TO, C (c) CONDITIONS C | PAS A CONSEQUE | ENCE OF ENCE OF TO DEATH BUT | RY FAIWS | INAL DISEASE OR CONDITION 200 AUTOPSY? 206. II | | IDINGS USED |
| AL CERTIFICATION | gave rise to im cause (a), statin underlying cause PART 2 OTHER SIG | , which mediate ng the last. NIFICANT (| DUE TO, C (b) DUE TO, C (c) CONDITIONS C 19b. CONE 19b. TIME C HOUR A | ONTRIBUTING TO DITION FOR WHICH | ENCE OF TE O DEATH BUT OPERATION | RY FAIWS STRUCTIVE NOT RELATED TO THE TERM N WAS PERFORMED | INAL DISEASE OR CONDITION 200 AUTOPSY? 200. II | F YES, WERE FINERTIFYING CAU | NDINGS USED SES OF DEATH NO |
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| | gave rise to im cause (a), statin underlying cause PART 2 OTHER SIG | , which mediate ng the last. NIFICANT (CTION DERLYING CAUSE OF DEA ICAL EXAMINER (RED HILE CORR () (this hospi and alive an ical alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi and alive an ical examiner () (this hospi an ical examiner () | DUE TO, C (b) DUE TO, C (c) CONDITIONS C IPb. CONE IPb. CONE IPb. CONE A HOUR A P 21e. PLACE (AT HOME SI tol) attended to | ONTRIBUTING TO DITION FOR WHICH DE INJURY OF INJURY OF INJURY IREET, FACTORY, OFFICE, E the deceased from 19 | ENCE OF ENCE OF DEATH BUT I OPERATION AY YEAR 19 EARM, ETC.) | PY FAILUR STRUCTIVE NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21i LOCATION STREET | 200 AUTOPSY? 200. II N CE YES NOT NOTE: NO | F YES, WERE FINE FRI IFY ING CAU YES COUNTY A 19 ST 10 OF PART TO THE T | NDINGS USED SES OF DEATH NO 7) STA |
| | gove rise to im cause (a), storiu underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IE EITHER, NOTIEY MED 21d INJURY OCCUR AT WORK NOTIEY HOT (I) Saw the deceas obove, (1) (we) (1) (we) (1) (we) (1) | , which mediate ng the last. NIFICANT (TION | DUE TO, C (b) DUE TO, C (c) CONDITIONS C 19b. CONE 19b. CONE 19b. CONE 19b. CONE 11b. TIME C HOUR A P 21e. PLACE (AT HOME S) 1) view the Mode | ONTRIBUTING TO DITION FOR WHICH DE INJURY OF INJURY OF INJURY IREET, FACTORY, OFFICE, E the deceased from 19 | ENCE OF ENCE OF DEATH BUT I OPERATION AY YEAR 19 EARM, ETC.) | PY FAILUR STRUCTIVE NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 211. LOCATION STREET AND ATTENDING | 200 AUTOPSY? 200 AUTOPSY? YES NOT NOTE RED (ENTER NATURE OF INJORY IN THE ACTION OF TOWN CITY OR TOWN death occurred on the date and | F YES, WERE FINE FRI IFY ING CAU YES COUNTY A 19 ST 10 OF PART TO THE T | NDINGS USED SES OF DEATH NO [] 7) 51A , that (I) (we the causes state |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tillierial dileudes should be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 2 having the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours with retained by the haspital or attending physician.

TO TO DESCRIPTION OF

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executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

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| FOR | DEPARTMENT OF |
| STATE | |

STATE OF MARYLAND HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

| 27 | | | | | | | | DEATH MONTH | | |
|---|-----------------------|--|---|--|--|--|---|--|--|---|
| | | CEASED NAME FIRST | | WIDDLE | L | TZA | 2a DATE OF | DEATH MONTH | DAY YEAR | 26 HOUR |
| | l livre | | Eva M. | Williams | 3 | | | October 4 | 1984 | 6:29 |
| 2 | 3. SE | Х | 4. RACE | | S. DATE C | | 6. AGE (INYE | ARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 H |
| | 1 | Female | Caucas | sian | Aug | ust 31 1908 FAR | 76 | Y | MONTHS DAYS | HOURS M |
| 11 | 7a. BI | RTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMOR | | INTY OF DEATH | |
| 50 | | Maryland | U.S.A. | • | WIDOWE | | Balti | more Coun | nty | |
| 5 | | Randallstown | (IF NOT IN SU | HOSPITAL, NURSING HACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 12a USUALO (TYPE OF WORK Home I | FOR MOST OF WORKE | | OF BUSINESS |
| D C C | 13a S | AL RESIDENCE (IF NURSING HOME STATE 13b CO Maryland Ba | | 136. CITY OR TOW Reister | /N | 134. INSIDE CITY LIMITS? | 13e.STREET A | DDRESS / ZIP C | CODE Road Apt. | 2113 |
| いり | 14. FA | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | MIDDLE | _ IA | |
| | | William | E. Be | erryman | | FIRST | ē | L | ittle 🖺 | 51 |
| ico | | VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) | ARMED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17 HNFOMMANDaniel | Williams | ADDRESS | | 2120 |
| medical | | No OR UNKNOWN) F TES, | GIVE WAR OR DATES) | 213-28- | 4347 | 9045 Old Co | urt Road | Balt | imore | Maryla |
| ther troumotic ever | | Conditions, if ony, which gove rise to immediate couse (a), stating the | (b)_ | OR AS A CONSEQUI | ste | is hear | y as | ilux | 2 | helle |
| ws ony injury, or other troumotic ever | FICATION | Conditions, if ony, which gove rise to immediate couse lol, stating the underlying couse lost. | DUE TO, C DUE TO, C C DUE TO, C C T CONDITIONS C | OR AS A CONSEQUI COMPEA OR AS A CONSEQUI ONTRIBUTING TO | ENCE OF CLU DEATH BUT | NOT RELATED TO THE TERM | 20a AUTOI | PSY? 20b. I | F YES, WERE FINDI ERTIFYING CAUSES | NGS USED S OF DEATH? |
| Shows ony injury, or other troumofic ever | ERTIFICATION | Conditions, if ony, which gove rise to immediate couse Io1, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN | DUE TO, C DUE TO, C DUE TO, C (c) T CONDITIONS C | OR AS A CONSEQUI COMPEA OR AS A CONSEQUI ONTRIBUTING TO | ENCE OF CLU DEATH BUT | N WAS PERFORMED | 20a AUTOI | PSY? 20b. I | F YES, WERE FINDI ERTIFYING CAUSES YES [] | NGS USED |
| in 18 shows ony injury, or other troumotic ever | AL CERTIFICATION | Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DUE TO, C DUE TO, C DUE TO, C CC 17 CONDITIONS C 19b. CONE DEATH | OR AS A CONSEQUIDED ON A BY A CONSEQUIDED ON THE BUTING TO DITION FOR WHICH | ENCE OF CLUB DEATH BUT OPERATIO | | 20a AUTOI | PSY? 20b. I | F YES, WERE FINDI ERTIFYING CAUSES YES [] | NGS USED S OF DEATH? |
| ked or Item 18 shows ony injury, or other troumotic ever | MEDICAL CERTIFICATION | Conditions, if ony, which gove rise to immediate couse los, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE | DUE TO, C DUE TO, C (b) DUE TO, C (c) 19b. CONE 19b. CONE HOUR A P 71e. PLACE | OR AS A CONSEQUIDED ON A BY A CONSEQUIDED ON THE BUTTING TO DITTION FOR WHICH | ENCE OF CLUB DEATH BUT OPERATIO AY YEAR 19 | N WAS PERFORMED | 20a AUTOI | PSY? 20b. I | F YES, WERE FINDI ERTIFYING CAUSES YES [] | NGS USED 6 OF DEATH? NO [] |
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| If them 21 is morked or them | | Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER. NOTIFY MEDICAL EXAMI 210. IN JURY OCCURRED WHILE AUWORK NOT WHILE ALWORK 270. I certify that (I) (this has sow the deceased alive obove, (I) (we) (diid) (did 27b. SIGNATURE | DUE TO, C (b) DUE TO, C (c) IT CONDITIONS C 19b. COND 17b. TIME C HOUR A P 17c. PLACE AT HOME SI spital) oftended t on 0 10 11 12 13 14 15 16 17 17 18 18 19 19 10 | OR AS A CONSEQUIDED ON THE PROPERTY OF THE PRO | ENCE OF CHAPTER DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.) | 21t. HOW INJURY OCCUR 21t. LOCATION SIREEI 21t. LOCATION STREEI STREEN S | 20a AUTOI YES [] RED (ENTERNAIN | PSY? 20b. IN CI | FYES, WERE FINDI ERTIFYING CAUSES YES () MIB PART LORPART?) | NGS USED SOF DEATH? NO STATE |
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DHMH - 16 50M 4/83 (VRA 15, 4)

SERVE bearing at the bearing of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF

IF UNDER 1 YR.

| | DEA | TH | REG. NO | 0. | -76 | | | |
|---|------|-----------------------------|------------|---------------|------------|--------------|-----|-----|
| | | 20 DATE OF DEATH | KNOWN (| MONTH 2706 | DAY | YEAR | 5 P | A A |
| _ | HRS. | 2c. DATE PRONOUN DEAE | NCED) | Tob | DAY 222 | YEAR 1984 | 5 p | 1 |
| | | O D ALTIA | ORE CITY O | D COLINIE | WOEDE | | | - |

Mills

| TYPE O | R PRINT) | | | | |
|--------|----------|------|------|----------|------------------|
| | Colonel | JOHN | М. | WILL | IAMS |
| SEX | 4 RACE | 5 | DATE | OF BIRTH | 6. AGE (IN YEARS |

(IF YES, GIVE WAR OR DATES)

62 VDS Male White August 5, 1922 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR U.S.A. Virginia

MARRIED X NEVER MARRIED WIDOWED [DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS

O CITY OR TOWN OF DEATH Towson

(YES, NO, OR UNKNOWN)

MEDICAL CERTIFICA

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

REGISTRAR DECEASED NAME

> II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Greater Baltimore Medical Center

FOR MOST OF WORKING LIFE)

Retired - Colonel U.S. Army

| JSUAL RESIDENCE (IF IN 30. STATE Maryland | NURSING HOME OR OTHER INSTITUTION, 136. COUNTY Baltimore | GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN TOWSON | 13d. INSIDE (ITY LIMITS? YES | t Drive 21204 |
|---|---|--|---------------------------------------|---------------|
| 4. FATHER'S NAME | Cilliam | Williams | 15. MOTHER'S MAIDEN NAME FIRST Hannah | Mills |

166 SOCIAL SECURITY NO 11-79/12

7. INFORMANT

Williams

| 1 | es WW I | E 219-14-7045 First Nutri V. WIIIIams San | iic as is c. |
|----|--|--|--|
| 1 | B. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B IMMEDIATE | I ladded to cont | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if any, which gove rise to immediate | (b) OF AS A CONSEQUENCE OF | at yes |
| | couse (a) stating the <u>under</u> lying cause lost. | DUE TO, OR AS A CONSEQUENCE OF (c) CONCRETE OF CONTROL | 5± yes |
| NO | ART 2 OTHER SIGNIFICANT CONDITIONS COL | ITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to | |

| 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERA | TION WAS PERFORMED? | 20 A | AUT |
|--|--|---------------------------------------|--|-----|
| | | | | YES |
| 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCURRED | (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) | 21f. LOCATION STREET | CITY OR TOWN COUNTY | |
| | e remains described abave, held an ses Accident , Suic | Autopsy , Inspection ide , Homicide , | Undetermined manner . | |

230. BURIAL, CREMATION, REMOVAL 23b. DATE

EXAMINER'S NAME (TYPE OR PRINT)

23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley

Charles F. O'Donnell, M.D. ADDRESS

23d LOCATION
CITY OR TOWN
Timonium

Maryland

STATE

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP

10-25-1984 Burial 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland CT

in Tavidson-Randall

ZALIJI. DL

Total task & E. 1900 Store School and John Store

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL YGIENE

26538

| ı | - | REGISTRAR | | CERTIFI | CATE OF DEATH | REG. | NO. | | |
|---|---------------|---|---|----------------------------|-----------------------------|---------------------------|--|-------------------------|---|
| Ì | | CEASED NAME FIRST | MIDDLE | L/ | ST | 20 DATE OF DEATH | MONTH DAY | YEAR 21 | b HOUR |
| ١ | (ITPE | LESTER | F | 6 | IMERT | | 10 | 84 | 9 15 pm |
| Ì | 1 SEX | | 4. RACE | S. DATE O | F BIRTH | 6 AGE (IN YEARS LAST | HRTHDAY) IF UND | | FUNDER 24 HRS |
| ı | , | M | Caucaria | | 13 11 | 7.5 | YRS. | | MIN. |
| 1 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | INTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF D | EATH | |
| 1 | -ac | rall County | 4.5.19. | WIDOWE | | Baltin | 2012 (0 | unity | MD. |
| 1 | To | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, I | | R OTHER INSTITUTION | | | b. KIND OF E IDUSTRY | BUSINESS OR |
| 1 | ISUA I3a | | NTY // 13c/C/TYC | | YES NO P | 13e.STREET ADDRESS | Spruce | F/48 | 2/ |
| 1 | 4 FA | THER'S NAME | MIDDLE WILL | merit | 15. MOTHER'S MAIDEN N | 2 MIDDLE | Wi | 1 fast | |
| ł | | | RMED FORCES? 166 SOCIA VE WAR OR DATES) 2/4- | 01-055/ | Ruth / | A. Winer | i sam | 1 45 | 413 |
| I | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ED BY: DILLE A | (B), and (CL) | CARDIA | c FAILL | IRE - | APPROXIMA BETWEEN ON | ATE INTERVAL |
| | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO OR AS A CON | NSEQUENCE OF ASSEQUENCE OF | TE VACUE | | EMENT | | 3 Hour |
| | NOI | PART 2. OTHER SIGNIFICANT | 100 | | NOT RELATED TO THE TE | RMINAL DISEASE OR CO | NDITION GIVEN IN | PART Ica | |
| 1 | CERTIFICATION | 10.4.84 | 196 CONDITION FOR | FAILUR | | YES NO | 20%. IF YES, WER IN CERTIFYING YES [| CAUSES OF | |
| 1 | 25-7 | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. | HOUR A.M. MON | TH DAY YEAR | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF IN | IURY IN ITEM TE PART TO | JR PART 2) | |
| ı | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE) 71d. INJURY OCCURRED WHILE NOT WHILE | P.M. 71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | | 211 LOCATION STREET | CITY OR | IOWN C | OUNTY | STATE |
| | | 27a I certify that (I) (the boson saw the deceased alive an | | | d that in (my) (aux) apinio | an death occurred an the | date and haur and | | at (I) (wa) last iuses stated |
| | | 27b. SIGNATURE MG | Ho rald | [| | MEDICAL ST | | PO · | GNED 4.84 |
| | | | 10 DONALD | | 27e ADDRESS | 1 / | LOSP ITA | 1 | |
| | 73a B | URIAL, CREMATION, REMOVAL | 18/8/84 | Eugle Eugle | EMETERY OR CREMATOR | 23d LOCATION | | 11011 | Ad. |
| | 24 FL | INERAL DIRECTOR | 1254 La | DORESS Mai | 21157 | A IAAP | APPENDING ASS | A Variation | |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be detached for use with the Store Dept. of Heal

Les es la lamber Mark The CARDING FARLACK purely whome where electronically Severale PERSONAPPIL MEMOR PAINT PAINT 10 4 SE HENRY FRANKE X 100 CIX Preform II ME CLE MACK ... X 983 V 34 TO S D. M. Designed The St. Constitution of The TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely illied in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows any injury, ar other troumotic event, the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

3 2 6 6

| 1- | FOR STATE REGISTRAR | | | DEPAR | | EALTH AND MENTACHYO | | 2 6 (| 5 4 | 7 |
|---------------|--|-------------------------------|------------------------------|---|----------------|---|---------------------|--|--|------------------------------|
| | CEASED NAME | FIRST | A | AIDDLE | l. | AST | 2a. DATE OF DI | | DAY YEAR | 26 HOUR |
| (TYPE | OR PRINT) | Thomas | | Р | WINK | TELMAN | Octobe: | r 28. 19 | 984 | 10:39A M |
| 3 SEX | | | RACE | | 5. DATE C | | 6. AGE (IN YEAR | S LAST BIRTHOAY) | IF UNDER 1 YE | |
| m | ale | | white | | MONTE | 3 91 1941 | 43 | YR: | MONTHS DAT | YS HOURS MIN. |
| | RTHPLACE (STATE OR FO | DREIGN 76 | CITIZEN OF | WHAT COUNTRY | Y? 8. | DXX NEVER MARRIED | 9 BALTIMORE | CITY OR COUN | | |
| | aryland | | U | SA | WIDOWE | | Baltim | ore Cour | nty, | MD. |
| | OSSVILLE | TH 1 | | HOSPITAL, NURS | | OR OTHER INSTITUTION | 126 USUALOC | CUPATION R MOST OF WORKIN Driver | | DOF BUSINESS OR |
| 13a. S | AL RESIDENCE (# NURSI STATE IARYTAND | NG HOME OR OF 13b, COUNT | | GIVE RESIDENCE BEFO 13¢. CITY OR TO | | 134. INSIDE CITY LIMITS? | | DRESS / ZIP CO | | |
| 14. FA | ATHER'S NAME FIRST George | MA | DDLE | ink el mai | n | 15. MOTHER'S MAIDEN NA FIRST Anna | | AIDDIE | He | LAST SS |
| | VAS DECEASED EVER I | | ED FORCES? | 16b. SOCIAL SE | | 17. INFORMANT | | ADDRESS | | 21236 |
| - (| YES, NO OR UNKNOWN) | (IF YES, GIVE Y | WAR OR DATES) | 219-36- | -1180 | Marie Winke | elman 48 | 30 Ridge | Rd. Ba | alto.,Md. |
| Z | Conditions, if any, gove rise to imm couse (o), stating underlying couse | ediate g the last. | DUE TO, OF | RAS A CONSEO RAS A CONSEO CONTRIBUTING TO | OUENCE OF | cenelist 4 le | ug. | elin. | GIVEN IN PART | lio |
| CERTIFICATION | 19a. DATE OF OPERAT | ION | 196 CONDI | TION FOR WHIC | CH OPERATIO | N WAS PERFORMED | 200 AUTOPS | 7? 206. IF | YES, WERE FIN RTIFYING CAUS YES [] | IDINGS USED SES OF DEATH? |
| | 21a. ACCIDENT WAS UNDE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC | AUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCUR | RRED (ENTER NATUR | E OF INJURY IN ITEM | 18 PART I OR PART | 2) |
| MEDICAL | 21d. IN JURY OCCURR WHILE AT WORK AT WORK | ILE 🗍 | 21e PLACE ((AT HOME, STR | OF INJURY PEET, FACTORY, OFFIC | E, FARM, ETC) | 211 LOCATION STREET | | ITY OR TOWN | COUNTY | STAIE |
| | 770. I certify that (I) sow the decease above, (I) (we) Id 270. SIGNATURE 271. PHYSICIAN'S NA Robert F | d alive on_ (id) (did not) | view the body | ofter death 19 | f4 .01 | nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 7652A Bela | MEDICAL DIRECTOR | STAFF PHYSICIAN [| 22c. DA | ATE SIGNED 0. 24- 1989 |
| | BURIAL, CREMATION, I | - 1 | 236. DATE 10-31 | | | EMETERY OR CREMATORY S of Faith Ce | m . 23d LOCATE | on ^{town} Balti: | more M | aryland |

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

offer-line cevist access and Will the man of a set of metal liberty washing of Malan Jacob 8. [JU: No. 1984] # FY

BP. DHMH - 16 50M 4/8

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

STATE OF MARYLAND **CERTIFICATE OF DEATH**

DEPARTMENT OF HEALTH AND MENT APHYGIENE

| | CEASED NAME | FIRST | | MIDDLE | | AST | 20 DATE OF DEATH | MONTH DA | Y YEAR | 2b HC |
|---------------|--|----------------------|-------------------|----------------------|---------------|------------------------------|-------------------------|-----------------|---------------|---------|
| | | JAMES | | RANKLIN | | ्रार् गर्ग | OCTOBER 18 | | | 12: |
| 3 SE | | | 4 RACE | _ | 5. DATE O | d DAY YEAR | 6 AGE (IN YEARS LAST BI | | UNDER I YEAR | HOUR |
| | IRTHPLACE (STATE) | OR FOREIGN | Zh. CITIZEN OF | | | JARY 10, 1921 | 9 BALTIMORE CITY O | YRS. | DE DEATH | L |
| | COUNTRY) | | UNITED OF AMER | STATES | MARRIE | D NEVER MARRIED DIVORCED | BALTIMORE | _ | | |
| | ITY OR TOWN OF | 1052 | 11. NAME OF | HOSPITAL NURS | ING HOME C | DROTHER INSTITUTION ADMIN | 12a USUAL OCCUPAT | ION | 126 KINDO | |
| | ORT HOWAR | | TSYURATU | ON MEDIC | CAL CEN | | Dispatche | r working [ife] | AULS" | Par |
| | STATE | 13b COUN | | 134 CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | | |
| | IARYLAND | BALT | TMORE | Essex | | TES NO | | W AVEN | UE 21 | 221 |
| T. | ATHER'S NAME | lin J. | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | AME | | IAS | ī |
| 160. | WAS DECEASED EV | | MED FORCES? | 16b SOCIAL SEC | | INFORMANT | MAE | ESS | RACE | |
| 1 | (YES, NO OR UNKNOWN) | HE YES, GIV | E WAR OR DATES | | | | | | TTCS.J A TOT | |
| H | THE CAUSE OF DE | | D WAR 1 | | | CLINICAL RE | CURUS, VARIO, | PURT | APPROXI | |
| | PART I. DEATH | VALAS CALISE | DRV | | | T ADDITION . | | | BETWEEN | ONSET A |
| 1 | | IMMEDIA1 | E CAUSE (a) | ARDIOPUI | AND IN STREET | AUGINIES I | | | + | |
| | gove rise to i cause (a), sto underlying coi | ting the ise last | ((0) | | HEART | DISEASE | | | | |
| z | the service street and | | | | | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | IDITION GIVE | V IN PART I | 3 |
| ATIO | DI ABEVIES | | | OBESITY | - | N WAS PERFORMED | 20a AUTOPSY? | 120h JE YES | WERE FINDIN | IGS III |
| CERTIFICATION | The BAIL OF GILL | | 170 0014 | JIII OI 4 7 OK 4771K | | TO THE OWNER | YES NOT | | NG CAUSES | |
| ER | 21a. ACCIDENT WAS | INDERLYING | 21b. TIME | | | 21c HOW INJURY OCCUP | | | T LOR PART 2) | |
| 14 | OR CONTRIBUTING | | III | I.M. MONTH | DAY YEAR | | | | | |
| MEDICAL | 21d INJURY OCC | | | OF INJURY | E FARM FIC) | 211 LOCATION STREET | CITY OR TO | OWN | COUNTY | |
| ~ | | WHILE O | | | | | | | | |
| | 220.1 certify that | (This hospi | octobi | he deceased from | | | to_OCTOBE | | | thot 3 |
| | abave, by we |) (did) (see a |) view the bad | | | nd that in [a] (aur) apinion | death accurred an the d | ate and hour o | 22c DATE | |
| | U | 1 0 | NA | 7-/ | | ATTENDING | MEDICAL STA | | | |
| 1 | THE PHYSICIAN'S | NAME ITHE | H PRINCIL | IV | | 22e ADDRESS VINITAR | DIRECTOR PHYSIC | | OCTOB | HAT |
| 1 | VIJAY N | ARAYEN | . M.D. | | | | P HOWARD, M | | | 4 |
| | | | | | | | | | | |

the eff to the post of the part of the eff to the eff t OF THE THE CASE WE SEE TO SHOULD SEE THE SECOND SEC TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compitately lilled in by the fashold be detached for use as the buriol-transit permit. Then please remove carbon papers - Engin 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removol.

FOR DEPARTMENT OF HEAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGNENE

26641

| 1 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 10. | 1 | | |
|---------------|---|----------------------------|---------------------------------|--|-------------------|-------------------------------------|--|--------------|------------|-----------|---------------|
| | CEASED NAME (OR PRINT) | FIRST M. | LOUIS | E WISC | COTT | LAST | 20. DATE OF DEATH | MONTH | | EAR 84 | 26. HOUR 2 15 |
| 3. SEX | X FEMALE | | CAU. | | 5. DATE (| | 6. AGE (IN YEARS LAST BI | RTHDAY) | MONTHS | DAYS | IF UNDER 74 |
| | RTHPLACE (STATE OR COUNTRY) Maryland | FOREIGN | USA | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9. BALTIMORE CITY O Baltimo | OR COUNT | | тн | |
| | Cockeysvi | lle | MARYLAN. | H FACILITY, GIVE STREET | HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemal | OF WORKING L | | | BUSINES |
| 13a. S | AL RESIDENCE (IF NURS STATE aryland | 136. COUN Balti | TY | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo | /N | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 619 Bra | / ZIP COD | e Rd. | 2] | 1229 |
| 14. FA | William | Frede | rick Zu | cker | | 15. MOTHER'S MAIDEN NAME FIRST Mary | Magersupp | | 3 | LAST | |
| | WAS DECEASED EVER YES, NO OR UNKNOWN) NO | | MED FORCES? WAR OR DATES) | 215-03-1 | | Records-Mary | land Masoni | | | | AATE INTERVA |
| CERTIFICATION | Conditions, if ony gove rise to imicouse (ol), stolic underlying cause PART 2 OTHER SIGI | mediate ng the last. | ONDITIONS CO | | DEATH BUT | NOT RELATED TO THE TERM | IN AL DISEASE OR CON | 20b. IF YE | ES, WERE F | FINDIN | GS USED |
| ERTIFIC | 21a. ACCIDENT WAS UN | DERLYING | 21b. TIME C | | 3. | 21c HOW INJURY OCCUR | YES NO | Y | YES 🗌 | | NO [|
| MEDICAL C | OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOT W. AT WORK ALWO | RED HILE | P. 21e PLACE (AT HOME STI | OF INJURY REET, FACTORY, OFFICE, F | 19 FARM, ETC) | 211. LOCATION STREET | CITY OR TO | OWN | COUN | | STA |
| | sow the deceos above, (I) (we) (| ed alive on | | 719 | | nd that in (my) (aur) opinion | , to death occurred on the c | date and ha | | m the c | |
| | 226. PHYSICIAN'S N | AME (TYPE OF | Page (| Lins | 4 | ATTENDING PHYSICIAN [| MEDICAL STA | | | | 5/84 |
| | Matthew | J. C | oppola | | 5 | Maryland Mas | | , Cocl | keysv | ill | e, Md |
| | BURIAL, CREMATION, SPECETY Burial | , REMOVAL | 23b. DATE 10/18 | | | cemetery or crematory on Park | Baltimo | re Ci | ty, M | ary | land_ |
| 24. FI | UNERAL DIRECTOR | ede fel | | 1000000 | 6500 | | E REC'D. BY REGISTRAL | R 155 REGIS | | GNAT | JRE |

BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician.

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| AL C | AL D |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. | TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directions should be dericched for use as the burial-transit permit. Then please remove corban pages 1 and 2 should be filled within 2 harvestiments with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT HYONENE

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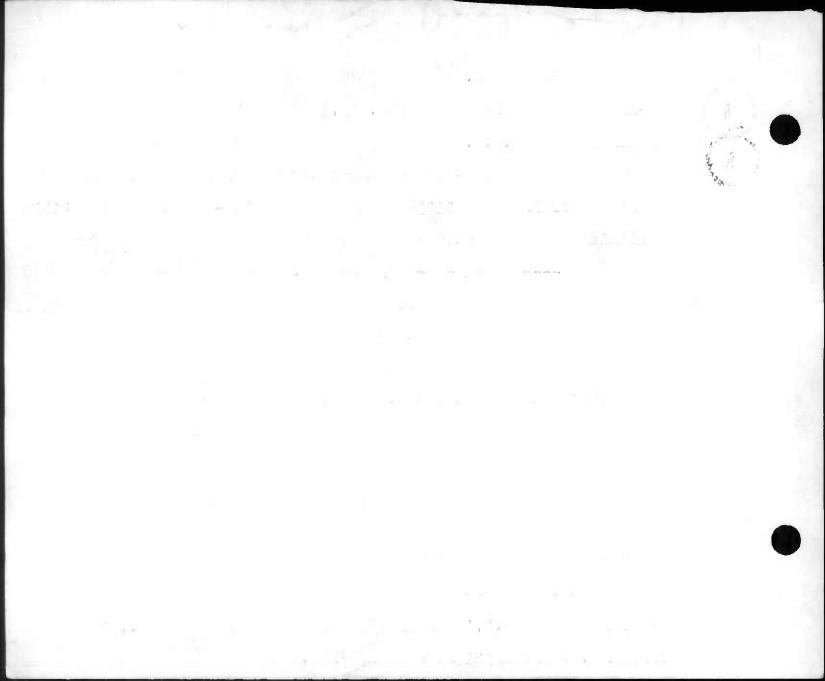
| FOR STATE REGISTRAR | DEPA | | EALTH AND MENT & | HYOMENE | REG. NO | | | | |
|---|--|-------------------------|------------------------------------|-------------|-------------------------------------|-----------|------------------------|---------------------------------|----------|
| 1. DECEASED NAME FIRST | MIDDLE | l, | AST | 20 DA | TE OF DEATH | MONTH | DAY YEAR | 26 HO | UR |
| I TYPE OR PRINT) LEF | M. | WOO | OLSTON | | 1 | 10 | 31 '8 | 4 1:1 | 5P M |
| 3. SEX | 4. RACE | 5. DATE C | | 6. AGE | (IN YEARS LAST BIRT | HDAY} | IF UNDER LYE | | R 24 MRS |
| MALE | WHITE | DEC | 15,190°0° | 8 | 3 | YRS, | MONTHS DA | IS HOURS | MIN. |
| 70. BIRTHPLACE STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8 | NEVER MARRIED | 9 BAL | TIMORE CITY OF | COUNT | Y OF DEATH | | |
| MARYLAND | U.S.A. | WIDOWE | D DIVORCED | ☐ BA | LTIMORE | COUN | ITY, | | MD |
| 10. CITY OR TOWN OF DEATH TOWSON | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES) GREATER BALT | PEET ADDRESS! | | (TYPE C | SUAL OCCUPATION OF WORK FOR MOST OF | WORKING | IFE) INDUST | OF BUSIN | |
| 14 FATHER'S NAME | PROTHER INSTITUTION, GIVE RESIDENCE BINTY INTY IMPORE 212 | EFORE ADMISSION) | 13d. INSIDE CITY LIMIT YES NO X | s? 13e STF | REET ADDRESS / | ZIP COD | DE . | | 1234 |
| William | Woolsto | n | Sara | h | WIDDIE | | Ande | rson | |
| 160 WAS DECEASED EVER IN U.S. A | | | 17 INFORMANT | | ADDRES | SS | 212 | | |
| | IVE WAR OR DATES! | 7-7479 | CLARA E. | WOOT | STON831 | 4-F | NUNL | | RTVE |
| | | | ODING! DI | 11002 | 510110)1 | | | OXIMATE INTE | |
| PART I. DEATH WAS CAUS | D | | ORY ARREST | | | | | MINU | |
| IMMEDIA | | | | | | | 1 | IIIIIO | LL |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | (b) M DUE TO, OR AS A CONSE | | IC DISEASE | | | | 1 | YEAR | |
| | CONDITIONS CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE | TERMINAL D | ISEASE OR COND | ITION GI | IVEN IN PART | lia | |
| o INITIAL HY | POXIA RESULTED | IN LOS | S OF NEUROL | OGICAL | . FUNCTI | | | | |
| INITIAL HY 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WE | IICH OPERATIO | N WAS PERFORMED | 200 YES | AUTOPSY? | IN CERT | S, WERE FINIFYING CAUS | DINGS USE SES OF DEA NO 1 | TH? |
| 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | 21c HOW INJURY OC | | | | - Inner | | |
| 00 000 100 00 100 00 00 00 | HOUR A.M. MONTH | | | | 1764 1410/2 01 1110 | | | | |
| OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | 19 FICE, FARM, ETC.) | 21f LOCATION STREET | | CITY OR TOV | VN | COUNTY | | STATE |
| 220 I certify that (I) (this has | pital) attended the deceased from 10/31 | 9/4 | /31, 19 | 84 to | 10/3. | te and ha | , 19 <u>84</u> | that (l) | 1 |
| 276. SIGNATORE | Puna M | D | DEGREE ATTENDIN PHYSICIA | NG MED | ICAL STAF | | 22¢ DA | ATE SIGNED |) |
| 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e ADDRESS | | | | | | |
| ROBERT I. PI | RINCE, M.D. | | GBMC - 67 | 701 N. | CHARLES | ST. | 21204 | | |
| 230. BURIAL, CREMATION, REMOVA | | 23c NAME OF C | EMETERY OR CREMATO | ORY 23d | LOCATION CITY OF TOWN | | COUNTY | | STATE |
| BURIAL | NOV.2, 84 | PARKWOO | DD CEMETE | RY B | ALTIMOF | RE C | | | A XIX |
| 24 FUNERAL DIRECTOR | | | | DATE REC'S | BY RECOOK | | JOD'S CASE | | 277 |
| WILLIAM E. JO | HNSON8521 LO | | EN BLVD. | . w W . | 1 SAME | 0 | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If hem 21 is morked or



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGENE CERTIFICATE OF DEATH

26643

| | - | REGISTRAR | | | | CEKITI | ICATE OF | PEAIN | | REG. NO | | | | |
|-----|---------------|--|---------------------------------------|------------------|---|------------|---------------|------------------------|------------|----------------------|--------------|-------------------|-------------------------|--------|
| | | CEASED NAME | FIRST | - 1 | MIDDLE | l | AST | | 2a. DATE | OF DEATH A | AONTH | DAY YEAR | 2b HO | UR |
| | (TYPE | OR PRINT) | Helen | Ma | arie | Wr | ight | | 1 | 10 | 25 | 1984 | 4 | A. M |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | | 6 AGE (III | YEARS LAST BIRTH | (DAY) | MONTHS DAYS | _ | |
| | Fe | male | | White | 2 | 6 MONTH | 30 | 1921 | | 63 | YRS. | MONTHS DAYS | HOURS | MIN. |
| 100 | | RTHPLACE (STAT | TE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | B. | NEVER | MARRIED T | 9 BALTIM | ORE CITY OR | COUNTY | OFDEATH | | |
| 1 | | nnsylva | ania | U.S.A | | WIDOWE | D D | VORCED [| Bal | timore | e Co | unty | | MD. |
| 1 | | TY OR TOWN OF | DEATH | | HOSPITAL, NURSIN | | OR OTHER INS | NOITUTIT | | L OCCUPATIO | | 126. KIND C | | ESS OR |
| | | ndalk | | 1710 | Kirklan | d Ro | ad | | Ins | pecto | r | Beth | | teel |
| 6 | 13a. S | | 13b COUN | | GIVE RESIDENCE BEFORE 136 CITY OR TOW Dundalk | N | 136. INSIDE C | | | ADDRESS / | | | 2.1 | 222 |
| 7.5 | | THER'S NAME | Dal | CIMOLE | Dundark | | YES THER | NO X | 1710 | Kirk. | Land | Road | | 222 |
| 8 | Pa | FIRST | | P. | Gurecki | | Ann | FIRST | UVIL | MIDDLE H. | | Zavist | OWS | ki |
| 7 | 16a. W | VAS DECEASED E | VER IN U.S. AR | | 166 SOCIAL SECU | RITY NO. | 17 INFORMA | INT | | ADDRES | .5 | | | |
| | No | VAS DECEASED E | N) (# YES, GIV | /E WAR OR DATES) | 169-14- | 3015 | Bern | ard W. | Wri | ght | Saı | | 13e | |
| | | PART I. DEAT | TH WAS CAUSE | TE CAUSE (a) | ine for, (a), (b) and | (,0 | vale | acl | W | Osl | _ | APPROX BETWEEN | GMÅTE INTE ONSET AND | RVAL |
| ۱ | | Conditions, if | | DUE TO, O | AS A CONSEQUE | NEEDE | EH | Park | OL | sea | 4 | | | |
| | | gave rise to cause (a), s underlying c | | DUE TO, OI | RASA CONSEQUE | NGE OF | re. | Hea | 1 | fael | enf | 7 | | |
| 2 | NOI | PART 2 OTHER | SIGNIFICANT | | ONTRIBUTING TO | 7 | | | | | | | | |
| 7 | CERTIFICATION | 19a DATE OF OP | PERATION | 196 CONDI | TION FOR WHICH | OPERATIO | | | 20a AU | NOE | IN CERTIF | | | TH? |
| 1 | | 210. ACCIDENT WA | _ | 110110 1 | F INJURY M. MONTH DA | Y YEAR | 21£ HOW IN | JURY OCCUR | RED (ENTER | NATURE OF INJURY | IN ITEM 18 P | PART OR PART 2) | | |
| | MEDICAL | | MEDICAL EXAMINE | | | 19 | 100 100 171 | 211 | | | | | | |
| ١ | MED | 21d. INJURY OC | OI WHILE | 21e PLACE | DE INJURY REET, FACTORY, OFFICE, F. | ARM, ETC) | 211. LOCATI | | | CITY OR TOW | IN | COUNTY | | STATE |
| | | AT WORK | IT WORK | | | July | 8. | 70 | 9 | eptemb | er 26 | 9/1 | | |
| | | | ot (I) (this hospi ceased alive on | | 6 deceased from | 84 or | | (our) opinion | | | | or and from the | that (1) (| |
| H | | above, (I) (v 22b. SIGNATURE | ve) (did) (did no | t) view the body | offer death. | | DEGREE | | | | | 22c. DATE | | |
| | | 01 | eact | atto | ton | | | ATTENDING PHYSICIAN | MEDICA | STAFF | AN 🗆 | | 125% | |
| | | 22d PHYSICIAN | 'S NAME (TYPE | OR PRINT) | - | | 22e ADDRES | SS | | | V I | | | |
| | | THE | 50 (| I. PA | TIERSO | N | 34 | 127 | DUM | DAU | -K | . AU | 15 | |
| | 1 | URIAL, CREMATI | ON, REMOVAL | 77 | | IAME OF C | EMETERY OR | CREMATORY | | CATION TY OR TOWN | | COUNTY | | STATE |
| | Bı | urial | | 10/29 | | arde | ns Of | Faith | Ba | ltimo | | M | lary | land |
| | | JNERAL DIRECTO | | | Inc ADDRESS | | | LOCT | P Q Q 4 | REGISTRAR 2 | Sh REGIST | TRAR'S SIGNAT | TURE | |
| | 7 | 922 Wis | se Aver | nue I | undalk, | MD. | 2122 | 2 1001 | 43 | 304 9 | may thu | March a- Wa | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After the certificate has been signed by the ottending physicion and completely filled in the should be detached for use as the build-hand permit. Then please remove co-bon-papers, Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hydrells are to buriol, cremation, or removal.

on injury, or other troumotic event, the medico

MPORTANT: If hem 21 is marked or

_duly 0, 70 legtenber 25 Sk

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the financial directions about be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather troumatic event, the medical examinatings mystacked in the contraction.

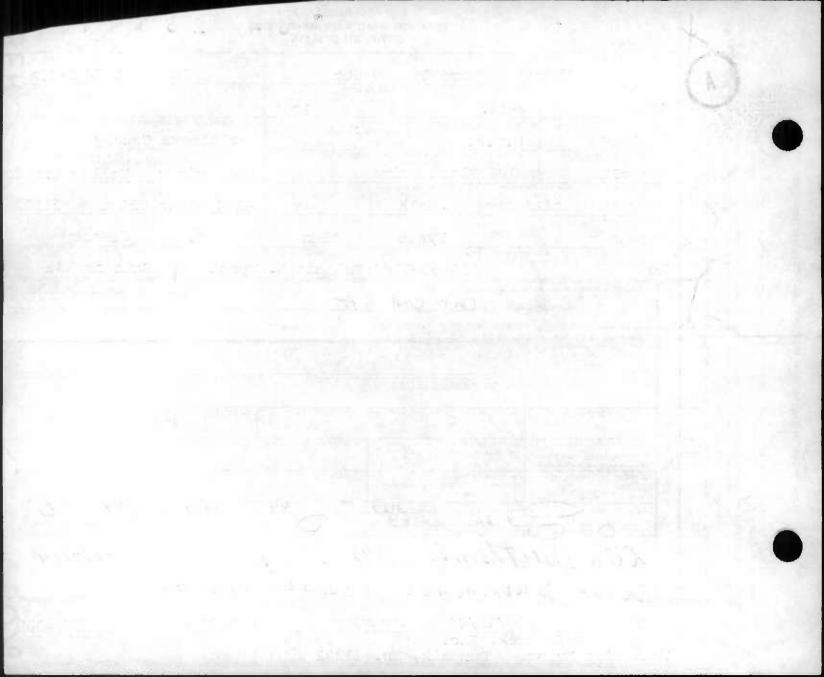
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEME

| 1 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 10 | , , | | | |
|---|--|------------------------------|------------------|----------------------|------------------|---------------------------|---------------|---------------------|--------------|-----------|--------------------|--------------|-----------------|
| h | | FIRST | A | MIDDLE | t i | AST | 20 D | ATE OF DEATH | HINOM | DAY | YEAR | 2b HOUR | |
| ı | (TYPE OR PRINT) | ilfrid | P | urcel | 1 W | yatt | |] | LO | 9 | 1984 | 2:45 | 5A _M |
| 3 | 3. SEX | 4. RAC | ĈE . | | 5. DATE C | | | E (IN YEARS LAST B | IRTHDAY) | | UNDER TYEAR | IF UNDER 24 | |
| L | Male | W | hite | | 8 | 8 190 | | 80 | YF | | MINS DAYS | HOURS | MIN, |
| Т | 78 BIRTHPLACE (STATE OR FOR | REIGN 7b. CIT | IZEN OF | WHAT COUNT | RY? 8 | D NEVER MARRIED | 9 BA | LTIMORE CITY | OR COU | NTY O | FDEATH | | |
| 1 | England | U | I.S.F | A. | WIDOWE | | | Baltimo | ore | Coi | inty | | MD. |
| Ť | 10. CITY OR TOWN OF DEAT | H 11. N | AME OF | OSPITAL, NUI | RSING HOME C | OR OTHER INSTITUTION | | SUAL OCCUPAT | | NC (IRE) | 12b. KIND O | F BUSINES | SOR |
| 1 | Dundalk | 8 | 104 | Plaza | Drive | | | ab Dri | | | Yello | w Ca | b C |
| | USUAL RESIDENCE (IF NURSIN | SHOME OF STHER | INSTITUTION, | GIVE RESIDENCE BE | FORE ADMISSION) | 13d. INSIDE CITY LIMIT | 120 1120 51 | REET ADDRESS | / 7IP C | ODE | | | |
| 4 | | Baltim | ore | Dund | alk | YES NOX | 8 | 104 Pla | aza | Dr | ive | 21 | 222 |
| | 14. FATHER'S NAME | MIDDLE | | IAST | | 15. MOTHER'S MAIDEN | NAME | MIDDLE | | | 4.45 | | |
| N | Eugene | WIDDLE | | Wy | att | Alma | | G. | | - (| deMan | by | |
| ī | 160 WAS DECEASED EVER IN | | | 166 SOCIAL S | ECURITY NO. | 17. INFORMANT | | ADDE | RESS | | | | |
| 1 | NO OR UNKNOWN) | (IF YES, GIVE WAR C | DK DATES) | 213-0 | 5-7943 | Delphia | L. Wy | att | | San | me as | 13e | |
| F | 18. CAUSE OF DEATH | Enter only one | couse per | line for (a), (b) | , ond (c+) | | | | | | BETWEEN | MATE INTERV | AL EATH |
| ı | PART I. DEATH WA | S CAUSED BY: MMEDIATE CAU | ISE (a) | Oat | Cell | CA | | | | | | | |
| 1 | | | | | 01151105.05 | | | | | | | | - |
| 1 | Candidana II | | UE TO, OI | R AS A CONSE | OUENCE OF | | | | | | | | |
| I | Conditions, if any, | | (p) | | | | | | | | | | |
| 1 | couse (a), stating underlying couse | the lost. | UE TO, OI | R AS A CONSE | OUENCE OF | | | | | | THE REAL PROPERTY. | | |
| ł | | | (c) | | | | | | | | | | |
| 1 | | FICANT CONDI | ITIONS <u>CC</u> | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE | TERMINAL | DISEASE OR CO | NDITION | GIVEN | IN PART I | | |
| 4 | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDER | 201 | a contr | 1 10 1 10 1 1 10 1 T | UCH OBERATIO | N WAS PERFORMED | 1 20- | AUTOPSY? | 201 11 | E VEC V | WERE FINDIN | ICC HICED | _ |
| A | 190 DATE OF OPERATION | JN II | 98. CONDI | IIION FOR WH | IICH OPERATIO | N WAS PERFORMED | | | IN CE | RTIFYII | NG CAUSES | OF DEATH | ? |
| 1 | II. | | | E to Little M | 1-1-1-1 | Tax view bulling oc | | S NO | | YES | | NO 🗌 | |
| 4 | 00.000,000,000,000,000 | | Ib. TIME O | | DAY YEAR | 21c. HOW INJURY OC | CORKED (6 | ENTER NATURE OF INJ | IURY IN ITEA | A IS PART | 1 OR PART 2} | | |
| | LIF EITHER, NOTIFY MEDICA | L EXAMINER) | Ρ. | | 19 | | | | | | | | |
| П | THE EITHER, NOTIFY MEDICA 214 IN JURY OCCURRE | 10 | | OF INJURY | ICE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR I | OWN | | COUNTY | 5TA | TE |
| 1 | AT WORK NOT WHILE | | | | | | | | | | | | |
| 1 | 22a I certify that (K) | | | | | 19_ | 89 | 10/9 | | 19 | 09 | | lost |
| 1 | sow the deceased above (1) we) (die | d) (did not) yew | the body | olter death. | 9_0_1, or | nd that in (my) (our) opi | inion death i | occurred on the | date and | hour o | ind from the | couses state | ed |
| 1 | 22b. SIGNATURE | 111. | 1 | - | ., | DEGREE | | D.C | | | 22c DATE | SIGNED | |
| | Delia. | INUL | 1 no | ine | K | 4) ATTENDIN | AN DIRE | DICAL ST. | ICIAN [| | 10/ | 9184 | 1 |
| 7 | 22d PHYSICIAN'S NA | AE (TYPE OR PRINT) | | | | 22e ADDRESS | - | W. | 1. | | | | |
| 1 | DEBRA | SW | ERT | HEIM | ER | 52006 | CASTE | EKN 1 | WE | | | | |
| T | 23a. BURIAL, CREMATION, R | | DATE | | | EMETERY OR CREMATO | ORY 23 | LOCATION | | | | | |
| | Burial | 1 | 0/12 | 2/84 | | view | 1 | Baltimo | ore | | COUNTY | aryl | |
| 1 | 24 FUNERAL DIRECTOR DI | uda-Ru | ck, | Inc. | | 250 | | D. BY REGISTRA | | GISTRA | | | |
| | 7922 Wise | Avenue | D | undal | k, MD. | 21222 0 | CT 1 | 5 1094 | Telia | Danie | Ann D | m. 1.00 | |

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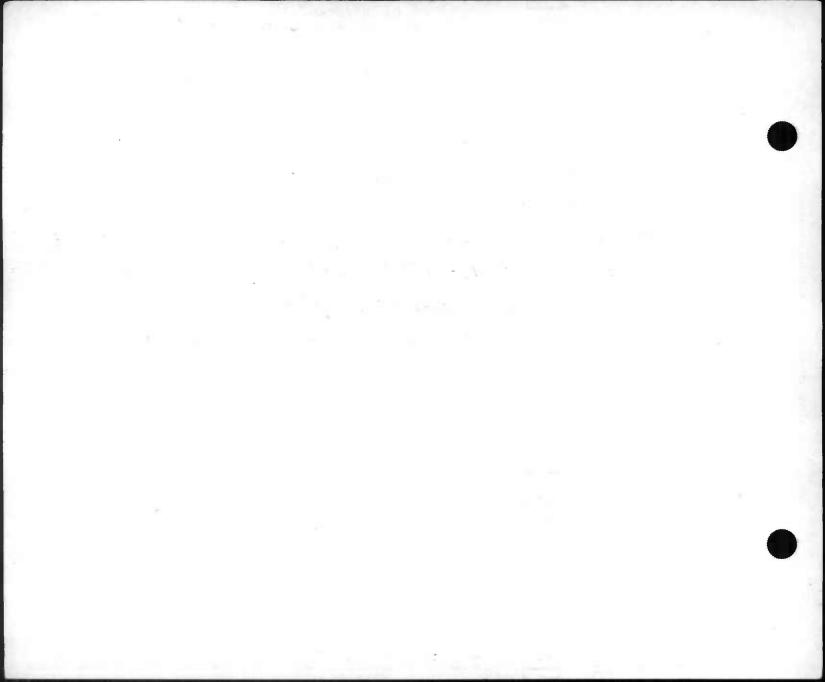
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| + | 1. | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND I | | REG. NO | | |
|--|---------------|---|---|-----------------------------------|--------------------|---|--|-----------------------------------|
| 5 E | | CEASED NAME FIRST ORPRINTI | E M. | YOUN 9 | Young 20 | DATE OF DEATH W | O 11 84 | Zb. HOUR |
| orto A moy | 3 SE | | RACE B | S DATE OF BIRTH | YEAR ALZ | AGE (IN YEARS LAST BIRTH | | IF UNDER 24 HRS HOURS MIN |
| Pog Day Heigh | | RTHPLACE (STATE OR FOREIGN) | 76 CITIZEN OF WHAT COUNTRY | MARRIED L NEVERA | MARRIED . 1 | BAH | COUNTY OF DEATH | MD |
| ours after dec | 10 € | 10 W SON | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE | NG HOME OR OTHER INST | TITUTION 12 | USUAL OCCUPATION PER PER WORK FOR MOST OF | | BUSINESS OR |
| Filled Miled | USU 13e | AL RESIDENCE IN NURSING HOME OR ITATE 136 COUN | | | ITY LIMITS? 13m | STREET ADDRESS | RAIL BOA | of Ave |
| completely i | IL E | THER'S NAME | ADDLE HENE | 15 MOTHER'S | MAIDEN NAME | WIDDLE | J.LAST | All |
| n ond Poges | lée V | VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) | MED FORCES? 166 SOCIAL SEC WAR OR DATES) 215-10 | -7370 PARE | o Wie | ADDRES | HIZ FAIR M | ourtai |
| th certificate b nating physicial corbonpopers, , or removal. | | PART I. DEATH WAS CAUSE | ECALISE IN CAR | DIAC A | RRES | T | APPROXIM BETWEEN O | MATE INTERVAL INSET AND DEATH |
| that the death I by the attend cose remove co ol, cremotion, o | | Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUENCE (b) TSCT | | HEART | - DISE | ASE | |
| quires signe Then p to bur njury. | NOT | | ONDITIONS <u>CONTRIBUTING TO</u> | | | | | |
| N The low re nysicion. cote hos beer const permit Hygiene prior 8 shows only 1 | CERTIFICATION | 190 DATE OF OPERATION | . 19b. CONDITION FOR WHICH | 1 OPERATION WAS PERFO | | 20a AUTOPSY? | 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (YES | GS USED OF DEATH? NO [] |
| 목 전 분 분 전 E | | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | TH HOUR A.M. MONTH E | | JURY OCCURRED | JENTER NATURE OF INJURY | IN ITEM 18, PART 1 OR PART 2} | |
| DING PHYSK DING PHYSK After this ce te as the burg oith and Men | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) 211 LOCATIO STREET | М | CITY OR TOWN | N COUNTY | STATE |
| | | saw the deceased alive on above, (I) (we) (did) (did not | ol) attended the deceased from 8/13/84 19 | , and that in (my) | (our) opinion deal | th accurred on the dat | te and haur and from the c | hat (I) (we) last auses stated |
| 5 0 0 E | | 226 SIGNATURE Roll | it Elman | 7 /11. 2 | PHYSICIAN 🗌 D | MEDICAL STAFF | | 112/84 |
| TO HOSPITAL TO FUNERAL should be def with the State | | 1276 PHYSIGIAN'S NAME ITYPE OF | E. MA | M.D. ADDRES | | TOSEPH | Host | TAL |
| BP | | BURIAL CREMATION, REMOVAL | 23b. DATE 23c | NAME OF CEMETERY OR | EST | 234 LOCATION | 2007 | state fr |
| DHMH-16 20M (VRA 15, 4) 7/78 | 24. F | HATMAN-HA | BRRISFH 1701 | maly loh s | 7. 250 DATE RE | C'D. BY REGISTRAR 2 | Sh. REGISTRAR'S SIGNATU | ndelle. |
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

| 26040 |
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| | | STATE REGISTRAR | | CERTI | FICATE OF DEATH | REG. NO | 0. | |
|------------------------------|---------------|---|---|-------------------------------------|--|--|--|---------------------------------------|
| | | CEASED NAME FIRST | MIDDLE | | LAST | 20. DATE OF DEATH | MONTH DAY YEAR | 2b. HOUR |
| | | W ill | iam G. | | YOUNG | October | 10, 1984 | 10:15P |
| .3 | 3. SE | Male | White | | 0F BIRTH 11 9°1891 YEAR | 6. AGE LIN YEARS LAST BIR | THDAY) IF UNDER 1 YE MONTHS DA | |
| | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | UNTRY? 8. MARRIE WIDOW | ED NEVER MARRIED DIVORCED | 9. BALTIMORE CITY O | R COUNTY OF DEATH | |
| 37 | | ty or town of DEATH ssville 21237 | 11. NAME OF HOSPITAL | NURSING HOME | OR OTHER INSTITUTION | 12a. USUAL OCCUPATI | | of Business of |
| | 130 5 | AL RESIDENCE (IF NURSING HOME OF TATE 2.3 136 2.3 136 2.3 | | OR TOWN | 13d. INSIDE CITY LIMITS? | 13. SIRFI ADDRESS | AVE 212 | 21 |
| N. C. | 14. FA | THER'S NAME James Yo | ung | LAST | | Ferguson | | LAST |
| medicol | | VAS DECEASED EVER IN U.S. A | | 10 1284 | Katherine Mic | chael, Daugh | ss 965 Woo hter Balto | dlynn Ro |
| \$ F | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one cause per line for (a |), (b), and (c).) | | | BETWE | OXIMATE INTERVAL EN ONSET AND DEAT |
| y, or other troumot | | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT | DUE TO, OR AS A CO | epsis and INSEQUENCE OF | Septic Shock | INAL DISEASE OR CONI | DITION GIVEN IN PART | 110 |
| ovsany injur | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | DN WAS PERFORMED | 200 AUTOPSY? YES NO NO | 206. IF YES, WERE FIN IN CERTIFYING CAUS | DINGS USED SES OF DEATH? NO |
| | MEDICAL CER | 710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MON | TH DAY YEAR | 21c. HOW INJURY OCCURE | ED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART 1 OR PART | ?) |
| 7 | ĕ | | 21e. PLACE OF INJURY | , | - | | | |
| 6 Part | ME | 21d. INJURY OCCURRED WINTE NOT WHILE AT WORK | (AT HOME, STREET, FACTOR | | 211. LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| n 21 is marked on | ME | NOT WHILE AT WORK 270.1 certify that (this hosp saw the deceased alive or above, (4 (we) (did) (did) | (AT HOME, STREET, FACTOR | d from Octob 19_84, a | er 4 , 19 84 and that in (A) (our) opinion of | to Uctober | 10 , 19 84 ofe and have and from the | _, that (Kwe) la |
| NT: If hem 21 is marked 30 | ME | 220.1 certify that this hasp saw the deceased alive a above, M((we) (did) (did) | (AT HOME, STREET, FACTOR outol) attended the deceose October 10 et view the body after deat | d from Octob 19_84, a | ond that in (A) (aur) opinion of SEGREE | , to <u>Uctober</u> death occurred on the do | 10 19 84 ofte and have and from the property of the property o | that (Mwe) le |
| MORTANT: If here 21 is morke | | 22e.1 certify that withis hosp saw the deceased alive a above, W (we) (did) (did) | (AT HOME, STREET, FACTOR intol) oftended the decease October 10 It) view the body after deat Amir, MD | office, farm, etc.) d from Octob h. | ond that in (AC) (aur) opinion of the segret attending PHYSICIAN [| | 10 , 19 84 ote and have and from the angle of the angle o | _, that (Kwe) lo |

DHMH - 16 50M 4/83 (VRA 15, 4)

ned by the notation or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AP HYGIENE

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| 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH REG. NO. | |
|--|---|
| 1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR | 26 HOUR |
| Joseph Zakas 10 1 84 | 10:35 A |
| 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) # UNDER LYE | |
| Male White 12 24 1894 89 YRS. MONTHS DA | |
| TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH | |
| Lithuania U.S.A. WIDOWED D DIVORCED Baltimore County | MD. |
| 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUST | of BUSINESS OR RY Calvert hing Co. |
| | hing Co. |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE | |
| Maryland Baltimore Arbutus YES□ NO 🕱 4306 Wilkens Avenue | 21229 |
| 14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE | LAST |
| Unknown Zakas UNKNOWN | (ASI |
| 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS | |
| IYES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 215-09-7607 Eleanor Pechulis 3026 D. Oak Green | Ct. 21043 |
| 18 CAUSE OF DEATH (Enter only one couse per lightfor (a), (b), and (c).1 | ROXIMATE INTERVAL EN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Carcinoma - lut lung | yn- |
| DUE TO, OR AS A CONSEQUENCE OF | 0 |
| Conditions, if any, which | |
| gave rise to immediate cause to stating the DUETO OR AS A CONSEQUENCE OF | |
| underlying cause last | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | 110 |
| 5 Severe maluntition | |
| 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FIN IN CERTIFYING CAUTYES 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN THEM IS PART LOR PART | DINGS USED SES OF DEATH? |
| YES NO YES | NO 🗌 |
| 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOUR A.M. MONTH DAY YEAR | 2) |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 | |
| ZId INJURY OCCURRED ZIe PLACE OF INJURY ZII LOCATION | STATE |
| WHILE NOTWHILE ALWORK ALWORK (AT HOME STREEL FACTORY OFFICE, FARM ETC.) STREET (ITY OR TOWN COUNTY | |
| 27a certify that (1) (this haspital) attended the deceased from 19 15 19 to Sent 19 19 19 | that (I) (we) last |
| sow the deceased alive on | the causes stated |
| | |
| | ATE SIGNED |
| 276 SIGNATURE DEGREE 276 DA | TE SIGNED |
| 226 SIGNATURE DEGREE 226 DE | 12/84 |
| 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 | ATE SIGNED 2 84 |
| 226 SIGNATURE DEGREE 276 DI STAFF 226 PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR D |)2/84 |
| DEGREE DEGREE 272 DEGREE 272 DEGREE 272 DEGREE 273 DEGREE 273 DEGREE 274 DEGREE 274 DEGREE 274 DEGREE 275 DEGREE | Maryland |
| 27th SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR | Maryland |

DHMH - 16 50M 4/B3 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 sho

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEMOAL HYDIENE CERTIFICATE OF DEATH

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| | Rosema. | rie M. | Zie | linski | 10- | 17-84 4 | | |
|-----------------------|--|--|---|---|--|--|--|--|
| 3 SE | EX | 4 RACE | 5 DATE (| | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATE HOURS | | |
| | Female | White | 8 | 16 22 | 62 YRS | | | |
| 7a. B | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | RY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | | | |
| Ba | altimore, Md. | U.S.A. | WIDOWE | | Baltimore County | | | |
| 10 C | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINE | | |
| C. | hase 21027 | 7103 Brinkman | Rd. | | NUKSE | Hospital | | |
| USU 13a | STATE 13b CO | | OWN | 13d INSIDE, CITY LIMITS? | 13e STREET ADDRESS | D1 0000 | | |
| | | altimore Chas | se | YES NOW | 7103 Brinkman | Rd. 21027 | | |
| 14 F. | Arthur O. Goo | dman, Sr. | | 15. MOTHER'S MAIDEN NA | ME Broc | oks | | |
| | WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O | ARMED FORCES? 166 SOCIAL SE 213-20- | | 17. INFORMANT Andrew W. Z | ielinski, Sr. | Husband | | |
| | | anly ane cause per line for (a), (b), SED BY: | and (cl.) | | 1- | APPROXIMATE INTER | | |
| | | ATE CAUSE (0) EXTENS | · UF_ M | ETASTATIC | ADENO CARCI | NOVA 10 M | | |
| | | DUE TO OB ASA CONSEC | OHENCE OF | | | | | |
| | Conditions, if ony, which | DUE TO, OR AS A CONSEC | OCA | COLON 1 | RESELTED | 18 me | | |
| | gove rise to immediate | (6) | | -1 | | | | |
| | | ouse (o), stating the put TO, OR AS A CONSEQUENCE OF | | | | | | |
| | | | | | | | | |
| | onderlying cause last. | (c) | | | | | | |
| | | (c) | TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION O | GIVEN IN PART 1(a) | | |
| NOI | | (c)T CONDITIONS <u>CONTRIBUTING T</u> | TO DEATH BUT | NOT RELATED TO THE TERM | inal disease or condition (| GIVEN IN PART 1(a) | | |
| CATION | | (c)T CONDITIONS CONTRIBUTING T | | | 20α AUTOPSY? 20b. IF Y | YES, WERE FINDINGS USED | | |
| IFICATION | PART 2. OTHER SIGNIFICANT | 198. CONDITION FOR WHI | ICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT | | |
| ERTIFICATION | PART 2. OTHER SIGNIFICANT | 196 CONDITION FOR WHI | ICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? ZOB. IF Y | YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT YES NO | | |
| L CERTIFICATION | PART 2. OTHER SIGNIFICANT | 196. CONDITION FOR WHILE TO TESTINA 216. TIME OF INJURY | ICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT YES NO | | |
| | PART 2. OTHER SIGNIFICANT | 196. CONDITION FOR WHILE TN TESTINA 216. TIME OF INJURY HOUR A.M. MONTH | ICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? ZOB. IF Y | YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT YES NO | | |
| | PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 5/1/8 4 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | 19% CONDITION FOR WHI LATESTINA 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY | CH OPERATION OF AL OR OR OR OR OR OR OR OR OR OR OR OR OR | N WAS PERFORMED STRUCTION 21c. HOW INJURY OCCURR | 20g AUTOPSY? 20b. IF Y IN CER YES NO ENTER NATURE OF INJURY IN ITEM 1 | YES, WERE FINDINGS USED ITIFYING CAUSES OF DEAT YES NO (18 PART 2) | | |
| MEDICAL CERTIFICATION | PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE | 196. CONDITION FOR WHI LNTESTINA 216. TIME OF INJURY HOUR A.M. MONTH P.M. | CH OPERATION OF AL OR OR OR OR OR OR OR OR OR OR OR OR OR | STRUCTION 216. HOW INJURY OCCURR | 20a AUTOPSY? ZOB. IF Y | YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT YES NO | | |
| | PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 5/10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O LIFETHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOW NOT WHILE AT WORK | 198. CONDITION FOR WHI LATESTINA 218. TIME OF INJURY HOUR A.M. MONTH P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | DAY YEAR 19 CE. FARM ETC.) | N WAS PERFORMED STRUCTION 21c. HOW INJURY OCCURR | 20g AUTOPSY? 20b. IF Y IN CER YES NO ENTER NATURE OF INJURY IN ITEM 1 | VES, WERE FINDINGS USED ITIFYING CAUSES OF DEAT YES NO BART LOR PART 2) | | |
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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove varibonpopers. Pages with the State Dept. of Health and Memal Hygrene prior to burial, commotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

retained by the hospital or ottending physician

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